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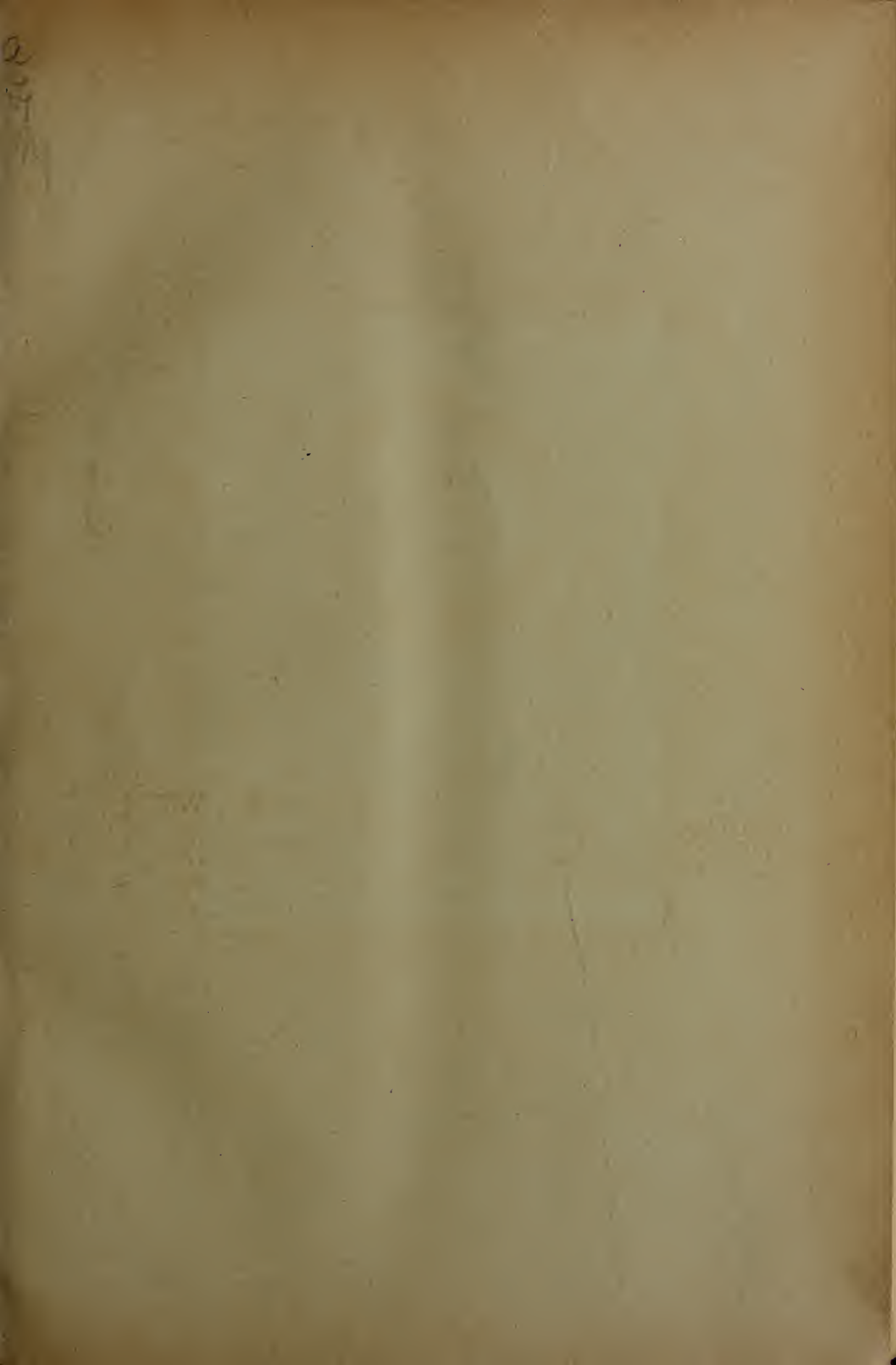


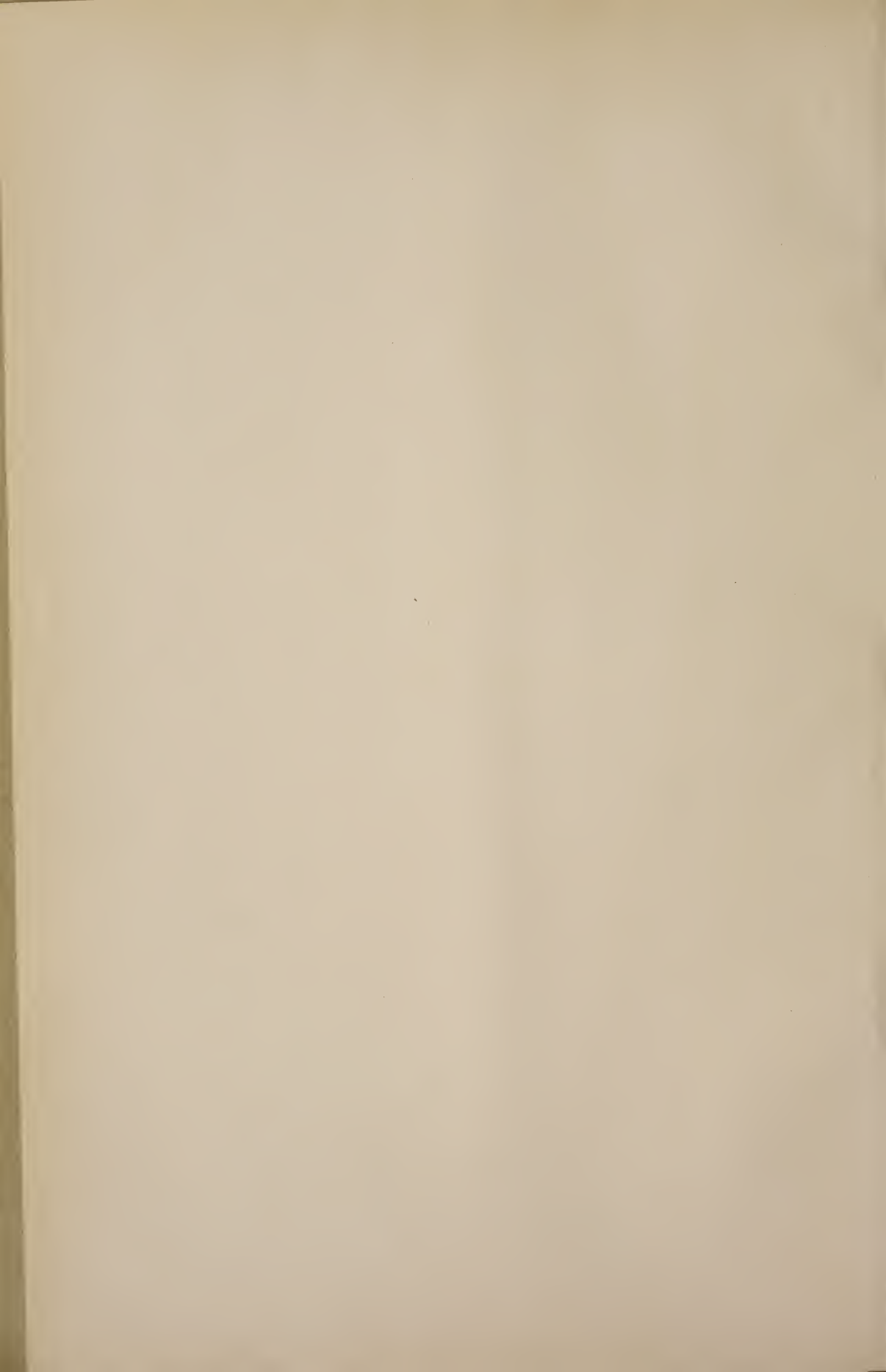
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The Eclectic Review

1904

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EDITOR: G. W. BOSKOWITZ, M. D.

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Greeting.

The Review extends to you the compliments of the season and we hope that the coming year will bring success and contentment to all. We make no special promise as to what we shall do with the REVIEW in 1904, except to assure you that its standard will not be lowered.

Drs. Fyfe and Howes will continue to conduct the special departments, special attention will be given to the reports of our Eclectic Societies in the East etc. So that we feel sure that each subscriber will get full value for the subscription price, which remains the same, one dollar per year; and for your convenience a subscription blank will be found among the advertising pages of this number.

Professor Lloyd's Visit.

On Dec. 17th the class and members of the County Society enjoyed a visit from the president of the Eclectic Medical Institute, Professor John Uri Lloyd. The professor had been in Philadelphia at the College of Pharmacy on Dec. 15, and we had expected that our building would be completed and ready for the public opening exercises, and he was to have been the trump card on that occasion. Although the building is finished, we have not been able to arrange the details, furnishings, etc., so that the public function will take place later. Prof. Lloyd met the class on Thursday morning after Prof. Gunning's lecture. He spoke earnestly of the work of the early Eclectics, their close study of the American Materia Medica, its great value to humanity, the discovery and development of the alkaloids, etc. It was a most learned and scholarly address, and was listened to with marked attention by the class.

In the evening the Eclectic Medical Society of the City and County of New York held its annual meeting in the college parlors, and after its regular busi-

ness had been transacted Prof. Lloyd addressed the meeting. After congratulating the New York Eclectics on their beautiful new home he spoke at some length on the necessity of perfect organization, County, State and National. With it he predicted great growth of the school. With its powerful and wonderful system of therapeutics, with proper organization it would be the school of the future.

He referred with pride to his recent visit to the College of Pharmacy of Philadelphia and to his reception there as an Eclectic. He also spoke of his connection with the school and with the works of the "Fathers" in the development of reliable medicines, the manufacture of alkaloids, specific medicines, etc.

Everyone present was impressed by his earnestness and eclecticism was benefitted by his visit. We hope that the professor will be able to be with us again in the near future at the public opening of the college.

Professional Secrets.

The old question of the physician's duty to refuse to testify in a court of law to facts which came to his knowledge through his professional relations to patients has of late attracted renewed attention.

During the trial of a recent divorce suit this subject, including all of the relations of the doctor to his patients and his moral right to refuse to reveal secrets confided to him solely for the purpose of enabling him to successfully treat a patient, were thoroughly and somewhat earnestly discussed. In the case here referred to the husband applied for a divorce on statutory grounds, and among other things accused his wife of having infected with gonorrhoea, with the hope of proving that his wife had really suffered from the disease named he had the physician who attended the woman in a

late illness summoned as one of his witnesses. The doctor at first refused to testify, claiming that he should not be required to publicly exhibit the secrets of his profession. The court, however, decided that he must answer the questions asked by the plaintiff's council in regard to the woman's late illness. Her medical attendant, who (as King Edward in his early days is said to have done) evidently entertained the opinion that "no gentleman should hesitate to perjure himself if it became necessary in order to clear a lady's reputation," then said that he had treated the wife for an ovarian irritation. Later in the trial, however, it was clearly shown that the woman had not only had gonorrhoea at the time referred to, but that she had taken it from her husband.

As is well known, most old general practitioners of medicine could make many families very unhappy, without adding to the well-being of any one if they should look way back into the little pigeon holes of their brains and publicly exhibit their contents. It is, therefore, fortunate that the medical profession is mainly composed of honorable men and women who know how to forget that which it is not well to remember.

The entire medical profession should unite in an effort to secure the enactment of a law making it a misdemeanor for a physician to divulge secrets confided to him for the purpose of aiding him in the treatment of a patient, excepting when it became necessary in order to defend himself when accused of wrong-doing. At the present time most of our State courts are governed in this matter by the decision of the highest legal authority in England, which is that physicians have no right to refuse to testify to secrets of a professional nature.

J. W. F.

The attention of the readers of the REVIEW as well as all the members of the

Eclectic profession throughout New York State is called to the fact that we have now turned the last curve and started on the home stretch of another year in the history of our State society.

At the other end of this stretch is the annual meeting of our State society which will be held in Albany on April 7th and 8th next.

As has been demonstrated in a recent number of the REVIEW, organization is the word of the hour and in order to keep our principles to the front organization must be complete and thorough.

If you are a member of this society it is your duty to see that you are in line and doing all in your power from now until April next to make that meeting a success. If you are not affiliated it is your duty and you are cordially and earnestly urged to be present at this annual gathering and see that your name is in the list of applicants for membership.

Plans are now being laid by which it is hoped an innovation will be introduced in the manner of the presentation and discussion of papers and medical subjects before the society. This plan will be outlined in a future number of this publication and it is hoped that it will meet with favor and make our meeting of unusual interest and profit.

Every eclectic is urged to keep the meeting in mind and when you are called upon as you soon will be by the committee on program, to do your part it is hoped that you will willingly be in the harness, ready to do all you can to make the meeting of 1904 one to be long remembered for large attendance, good fellowship, and intellectual profit.

E. H. K.

Be Sure of Your Instruments.

Some years ago, in one of the meetings of the Massachusetts Eclectic Medical Society, the late Dr. Spencer was re-

lating the description of a case under his professional care. He gave what was rare with him—the treatment which he had pursued. After he had finished one of the physicians in attendance arose and criticized the treatment. He deplored the use of such strong and poisonous remedies. He thought the same result could be attained with milder and less hurtful agents.

Dr. Spencer said in reply that the tendency of the age was to use keen and sharp instruments which would do the work quickly and thoroughly. If the gentleman did not feel competent to use these remedies he was to be congratulated for letting them alone.

There was much of sound practical sense in this retort. One of the things for which the Eclectic School of Medicine certainly deserves praise is their determination to thoroughly understand what can be accomplished by the remedical agents which they employ in their treatment of disease.

The sharper and keener these agents are the quicker and surer are the results which they will accomplish.

Readers of the REVIEW think these things over, and then act accordingly. The results will surprise you in proportion to the acuteness of your investigations.

P. E. H.

Original Articles

Hypnotic Common Sense.

BY J. THORNTON SIBLEY.

There is so much error existing concerning the phenomena of hypnotism, that it is difficult to tell just where to begin if we wish to correct the wrong impressions that have fastened themselves upon the popular mind. This error is not confined to the laity, for questions often propounded by physicians would indicate that the error is

widespread. The cause for this state of affairs in the same now, that it was a century ago; when the imitators of the great Mesmer imposed upon the confidence and outraged the credulity of a mystery-loving public, for the purposes of personal gain. Human nature is much the same to-day as it has been in ages past; and the eagerness with which people grasp at the marvelous and mysterious has given the unprincipled magic mongers the opportunity to ply their vocations with great profit. It is amazing to know to what extent the public can be hoaxed by the so-called hypnotists who fill the columns of the papers with their startling advertisements, and I often wonder why the government, that arbiter of morals and propriety, will permit these people to carry on with the aid of the post office department such nefarious schemes for obtaining money under false pretenses.

A statement frequently repeated, though antagonistic to our objective selves, will finally take root. Every good advertiser knows this; and the sight on the walls and fences at almost every turn, of the same statement, announcing the superiority of some particular article, will have the effect of penetrating beyond the barrier of objective resistance and convincing us that such is really the case. So it is with the statements of these advertising hypnotists. When they are thrust upon us so often and with so much assurance they are apt to impress us; although their claims may be ridiculous and extravagant in the extreme. According to these statements they make the deaf to hear; the dumb to speak; the blind to see; and the lame to walk. Not some of the deaf, some of the dumb, some of the blind and some of the lame, but all of them without exception.

They not only possess this wonderful power, but for a stipulated sum will teach the trick to any one. And it is not necessary that the afflicted be present. By wonderful clairvoyant power, they can see the

sick and determine the nature of their ailments thousands of miles away. They can read the thoughts of other persons as fast as they can think. They can travel through any land and enjoy all it affords, without leaving the room. They can read the life of any one from the cradle to the grave. They can invoke the aid of the spirit world and make Herman and Keller look like awkward novices in feats of legerdemain. They can by simply pointing their finger at any one hypnotize him instantly, and so thoroughly that he will fall as if shot. They can instantly build up the muscular system, so that a man can carry more than a horse. They can bury anyone for a month without harm, and do other wonderful things, all of which they will teach to any one for a few dollars.

To consider these claims seriously and at length would be an insult to the intelligence of reasonable thinking persons, and a brief treatment of some of the points involved is all the matter warrants. The best answer to most of the statements is found in the fact that no one can be hypnotized unless he expects to be. Bernheim, in the first edition of his great work on Suggestive Therapeutics took the position that no one can be hypnotized against his will. Ochorowicz, the eminent Polish physician, took issue with him on this point; maintaining that persons were sometimes hypnotized against their will, and fortifying his position by enumerating a number of cases. In the following edition of Bernheim's work, he modifies his statement, and says that no one can be hypnotized unless he expects to be; and from this position he challenges the world in general and Ochorowicz in particular to dislodge him.

Is every sane person susceptible to hypnotic influence? Under proper conditions and with a proper effort they are. It is not always possible to have the conditions good, and a proper effort means in some cases more physical endurance than the

average individual is willing to undergo, either to relieve some physical discomfort or to further the interest of science. Under the best conditions that we can get and with a fair effort about ninety *per cent.* of the people we meet can be hypnotized, at least seventy-five *per cent.* are susceptible to the first effort. Bernheim says that a person who cannot hypnotize eighty *per cent.* cannot be regarded as an authority on hypnotism. Liebault says a good hypnotist should effect ninety-two *per cent.*

Does nationality or climate have anything to do with susceptibility to suggestion? Wherever this seems to be the case, the results can be accounted for on other grounds. Some writers assert that negroes are especially susceptible to hypnotic influence. This is so, but it is not because they are negroes. Liebault had wonderful success in inducing the hypnotic state and in curing disease through suggestion; and other following his methods were never able to approach his results. Liebault labored principally among the peasantry, because his clinic was public and free. Peasant people are good subjects, because of the humble and servile life they lead. The negro is the American peasant; and on account of his humble position for generations, he has inherited the instinct to yield to the suggestions of others.

Age has much to do with susceptibility to suggestion. Children under five years of age cannot be hypnotized at all, and old persons with difficulty.

The advertising hypnotists claim to have instructed hundreds of thousands of persons who are now loose in the community and able to do all these wonderful things. One concern alone claims to have two hundred and fifty thousand of its disciples scattered over the country. Where are all these wonderful people? Have you met any of them? I have not; and it is an outrage that an anxious and credulous public should be de-

nied the edification and enjoyment of witnessing their marvelous work.

The question, "who make the best hypnotic subjects," has not been satisfactorily answered. No general rule can be laid down. Some authorities assert that emotional and impulsive people make the best subjects. It is a fact that emotion is purely subjective. No one ever reasoned himself into being emotional. The same might be said of impulse; and it looks reasonable to infer that emotional and impulsive people make good subjects, but my experience has not led me to that conclusion.

Hypnotic phenomena, though not nearly so startling as the advertising hypnotist would have us believe, is nevertheless always instructive and interesting.

Can any one become a hypnotist? If he possesses certain elements of character and personality he may. The flippant and unsteady would have to school themselves, while the earnest and serious would as a rule have little trouble in mastering the art. While a large majority of men and women may become practical hypnotists, the idea that any can produce the wonderful phenomena described in the advertisements is too ridiculous to warrant any argument. The most startling statements made in literature of the advertising hypnotist refer to the phenomena of telepathy and clairvoyance, and just here is to be found a grain of truth; but they have surrounded the kernel of fact with such an abundance of chaff, that the proportion of truth seems almost infinitesimal by comparison. Telepathy and clairvoyance are established facts if we accept the testimony of the very best authorities on the subject. The London Society for the Promotion of Psychic Research gives its unqualified endorsement to these phenomena, although they are not nearly so common as they were a century ago. The reason is plain to any student of the history of practical psychology. Telepathy is the normal means of communication

between subjective minds. In the days of mesmerism, before Braid began his experiments, the manner of inducing the subjective state differed in one striking particular from the methods commonly used to-day; especially by the followers of the physical school of hypnotism. In the methods used by Mesmer and his followers, intense concentration of the mind on the part of the operator was deemed of the greatest importance. This concentration brought about a passive state of the mind of the operator; in fact he was always partially mesmerized, and when in this condition he was *en rapport* with his subject and genuine telepathic communications were obtainable. Reading the thoughts of others was a common experiment among the old mesmerists. When Braid discovered that he could induce a passive state by having his subject gaze steadily at a bright object, using no mental concentration of his own, it was thought that he had annihilated the pet theory of the mesmerists, and disproved the doctrine of fluidic emanations. His method was so easy, that it was almost universally adopted; and just at this time did the phenomena of telepathy and clairvoyance become rare. The striking difference in the works of the old mesmerists and those of the followers of Braid and Charcot, is the frequent reference to these higher phenomena in those of the former and the almost complete ignoring of them in the works of the latter. The testimony is voluminous and authoritative and therefore convincing.

The methods of the school of Nancy occupy a middle ground; and where they are used these higher phenomena are sometimes witnessed, but not nearly to the extent to which they were seen in the work of the old mesmerists. Upon this point hinges the claim, that mesmerism is not hypnotism. If we mean by hypnotism, the state induced by Braid and Charcot with physical methods, there is some justice in the claim. The

difference between mesmeric sleep and hypnosis is one of degree, rather than one of character, and the phenomena differ for the reasons already pointed out.

Brooklyn, N. Y.

Adenoids as a Causative Factor in "Nasal Catarrh" of Childhood.

BY WM. L. HEEVE, M. D.

Is it not amazing when at a public reception or an assemblage of many hundred to find that almost fifty *per cent.* are suffering from some form of obstruction to nasal breathing? It is certainly surprising to see so many of our people suffering from a lesion which, in almost one-fourth of the cases, were due to obstruction in the naso-pharynx in the form of an enlarged tonsil, or better known as "adenoids," during childhood life. A casual glance at the facial formation of an audience at a lecture or recital will convince a physician, familiar with the lesions of the nose and throat, that the neglect of parents and I dare say physician's neglect also, was most painful during the last score of years.

The dull expressionless face, the small nose, broad nasal bridge, the protruding upper lip, the receding lower jaw, mouth breathing and nasal "catarrh," sometimes accompanied with deafness, present a physiognomy that spells "neglect" in childhood days.

The question now arises, how do adenoids produce this peculiar physiognomy? The answer is, obstruction to nasal breathing, forcing the child to breathe through the mouth, thereby the physiological function of the nose is arrested and where no function of the part is called into play, atrophy ensues. The roof of the mouth becomes arched, the nasal septum is thereby crowded upward and deviated, producing a permanent barrier to nose-breathing.

Deafness is a most frequent complication with adenoids, due to the occlusion of the opening of the eustachian tube, preventing ventilation of the middle ear, this producing an acute inflammation, followed by the baneful effects of adhesions and sclerosis of the ear bones and drum membrane. Nature has wisely placed the eustachian orifice on a level with the hard palate in the child, that it may be protected from occlusion by enlarged adenoids. Were it not for this fact I scarcely see how any child would escape ear complications, but in many cases of neglected adenoids nature has been defeated and the adenoids occludes not only the choanae, but the eustachian orifices also, and the child becomes deaf for life, to be more fully realized by the child when it reaches adult life, when occupation demands normal hearing.

The pharyngeal or Luschka's tonsil must be accepted as a distinct organ and not a mere accumulation of lymphoid tissue. The pharynx of children normally contain glandular tissue. It is situated in the upper portion or vault of the naso-pharynx, upward and posterior to the choanae. It is purely a gland of childhood, as it atrophies after puberty.

The more prominent causes of hypertrophy of Luschka's tonsil embraces age (childhood), the so-called "strumous" and "lymphoid" diathesis, the exanthemata, frequent attacks of so-called "colds in the head" due to climatic changes, micro-organisms and unsanitary surroundings. We are well aware of the fact that in childhood the epithelial and lymphoid elements are prone to be affected by catarrhal and hyperplastic changes. Any or many of the above causes favor adenoid growths. Adenoids are most prone to develop during the course of infectious diseases, especially as a sequelae.

It is subject to similar processes to those which attack the faucial tonsils. Ex-

ceptionally they are attributed to heredity, but usually are but one symptom of a general dyscrasia, the causes of which are manifold.

The power of absorption possessed by this tonsil certainly is to its detriment and its function of producing lymphoid cells is of little importance. In the exanthemata or infectious diseases where the nose is loaded with a contaminated toxic discharge and if absorbed by the tonsil, a complicating adenoiditis will surely occur with added systemic dangers. This form of adenoiditis is purely secondary to the acute disease and should not under any circumstances receive operative interference in its acute stage, but should be cleansed with an alkaline spray and a pigment applied as *Tr. Iodii Compositus*. If the congested process becomes a hypertrophic process and still persists after the primary causative factors have subsided, then it may be dealt with as suggested under the treatment of hypertrophic pharyngeal tonsil. Syphilis both congenital and acquired may also cause adenoids and should receive treatment in the form of application of pigments and general specific medication.

Tuberculosis of this tonsil may occur in a latent form without macroscopical alterations, but showing histological tubercles on either side of the crypts of the tonsillar tissue.

There is one affection of this tonsil which I wish to draw your attention to which seems to receive little attention from the average physician and that is the acute inflammatory form. It is usually ushered in by a chill or spasm, followed by an increased temperature (101° - 103°), difficulty in breathing through the nose, followed by a thin watery discharge from the nose, later by a muco-purulent discharge. This affection is often accompanied by an acute otitis media and may be the forerunner of a suppurative otitis

media. Aconite and phytolacca with an alkaline spray generally cure this condition in five to six days.

We now come to that form of chronic hypertrophy of the pharyngeal tonsil commonly known as adenoids. I do not believe that the congenital theory of adenoids, that is chronic hypertrophy of the pharyngeal tonsil can ever be accepted. I do believe that adenoids are generally due to the absorption of some infection or toxic material received from the nasal chambers or inspired air and rarely due to a constitutional affection of the glandular system as syphilis or tuberculosis.

Kindly permit me a moment's digression. The pharyngeal tonsil is similar in structure to the faucial tonsil consisting of lymphoid tissue with numerous trabeculae and of the retiform connective type. We find two forms of enlargement of this tonsil, the soft and the hard variety. The soft variety is generally of a cyanotic or edematous form, due to constitutional disturbances as intestinal, stomach or other derangements of the system which produces venous stasis, this variety simulates intumescent rhinitis, which it generally accompanies. In this variety the child complains of obstruction to the nose breathing in the classroom at school, at night when asleep and in rooms which are poorly ventilated.

Symptoms: The nutrition of the patient and the climate in which he lives do not of necessity, influence the symptoms. Very large adenoids exist with but few symptoms and *vice versa*. An expressionless face, discharge from the nose, nasal obstruction, mouth breathing, nocturnal incontinence, failing health, poorly nourished, intestinal disturbances, backward in studies at school, night terrors and enlarged glands of the neck, giving a symptom complex which demands a careful examination of the naso-pharynx, both anterhinoscopic and post-rhinoscopic. If

the child is very young a digital examination may be necessary, but only on rare occasions as it is most painful to babies. A cough which resists the usual medication should call our attention to adenoids and in these cases we will sometimes see a thick ropy secretion hanging down from the vault of the pharynx and little may we wonder why the child has a chronic cough. Probably a most frequent cause for the parent to bring the child to the physician is ear disease. I wish to call your most earnest attention to the positive fact that a large majority of ear troubles of childhood are blamable to acute and chronic enlargement of the pharyngeal tonsil and a careful examination of the vault of the pharynx should be made in all ear diseases.

Another symptom which calls the attention of the parent is nasal discharge. The pent up secretion which accumulates in the nose becomes stagnant and toxic and as the upper part of the pharynx is richly supplied by lymphatic vessels, draining into the lateral cervical glands, they become enlarged and sometimes acutely inflamed.

There is also a small inconstant retro-pharyngeal gland which, if present, lies directly against the vertebral column and in cases of infectious adenoiditis may become involved and give rise to that most deplorable disease of childhood, retro-pharyngeal abscess.

Generally the only symptom due to enlarged pharyngeal tonsil found in adults is that disagreeable so-called "post-nasal catarrh."

A thorough rhinoscopic or digital examination will prove conclusive.

Treatment.—The treatment of acute adenoiditis and the secondary infectious forms have been referred to above. The obstructive and nonobstructive adenoids are a detriment to health, hearing, mental and physical development and should re-

ceive radical treatment. I believe there is only one treatment for chronic enlarged pharyngeal tonsil and that is surgical. Medicinal sprays and pigments have no place in the treatment of this variety. I may mention that the snare and galvano-cantery have never succeeded in my hands, they are cumbersome and unreliable. Adenectomy must be complete to be successful and the curette will accomplish all that is required for a complete operation. Personally I use the Brandegee forceps first, then finish with the curettes. These instruments in the hands of a novice are dangerous, as a prominent atlas may cause him to escape the adenoids on the downward sweep of the curette, or he may scrape away the lining membrane of the nasopharynx and anterior ligaments of the vertebral column in failing to take into consideration the anatomy of the vault of the pharynx, but a few trials on the cadaver and a careful study of the anatomy of the vault of the pharynx will suffice.

Some may say that the complete removal of the enlarged pharyngeal tonsil causes dryness of the vault. This I believe is greatly exaggerated and the dryness if it should occur is due to cicatricial tissue produced by the careless curetting of the mucous tissue lining the nasopharynx. An exception to the above may occur in atrophic pharyngitis, but in atrophic conditions I never remove the entire pharyngeal tonsil, as in these cases we wish to preserve as much secreting tissue as possible.

I believe the bad pathological process of this tonsil does harm and the good physiological function is of little benefit, therefore if an enlarged adenoid is present remove it.

The question of an anaesthetic must lie with the case at hand. A nervous child or neuresthenic parents may cause us to favor anaesthesia. If the physician is unfamiliar with adenectomy it is best to give an anaesthetic. Personally I prefer to perform ade-

nectomy without the aid of an anaesthetic, either general or local, as the operation takes but a few minutes. Cocaine may cause secondary hemorrhage and chloroform is dangerous in these operations, ether is the safest or laughing gas is best if at hand.

The after treatment is most essential. The patient must receive tonics as nux, phyto-lacca, stillingia iron, etc. Nutritious diet as fresh eggs, milk and beef, plenty of fresh air, cold water spongings with massage.

Attention should be paid to the wounded surface and cleaned every three hours with antiseptic sprays containing menthol and as healing progresses, antiseptic powder applied.

302 Sumner Ave.,
Borough of Brooklyn.

Aortic Incompetency.

BY A. F. STEPHENS, M. D.

The results of errors in diagnosis of the different heart lesions are so far-reaching and disastrous, that the physician ought not to rest satisfied until he is able and competent to recognize every disease of this organ. To inform a patient that he has "heart trouble" of a serious nature when the difficulty is only functional, and thereby make the patient apprehensive and his days miserable, is little less than criminal. Cases have come under my observation where the doctor has, by a faulty diagnosis, taken away as it were by a breath, all the courage and energy the patient possessed and made a physical and mental wreck of the once strong and hopeful man, entailing years of mental and physical suffering. I have in mind now the case of a man who, on being informed that he had "heart disease" and was liable to drop dead on the least exertion, lost all ambition, became ill and despondent and spent all of his little savings for medical advice which only increased his fears. It took me ten years to prove to that man

that he had no more a disease of the heart than I had. But by persistent effort upon my part and the oft repeated assertion that he had no disease of the heart, he finally regained confidence in himself, went to work and to-day no healthier man lives than he. And yet, after a period of twelve years, a cowardly fear comes over him when he thinks of the dire results predicted by the doctors.

My mother was promised a speedy death from heart trouble some forty years ago, while suffering a functional disturbance of the heart which was due to an unruly stomach. She is still alive and in good health at the age of seventy-eight.

Another feature of the subject, is that in connection with life insurance. To examine an applicant for insurance and recommend that a policy be not issued because of an organic heart lesion when such lesion does not exist is an injustice to the applicant which can never be made right, for the rejection stands against him for all time. On the other hand, to recommend an applicant for insurance for a first class risk and have that applicant die from disease of the heart within a few months reflects sadly upon the physician's ability as a careful examiner. If I therefore, say anything to aid the reader to solve this most difficult problem, I shall feel amply repaid for the effort.

Believing that such mistakes are due to the fact that organic heart lesions are difficult of diagnosis, and that perhaps I can present a picture of these lesions in a way to make them somewhat clearer and therefore more easily understood, I have decided to write a series of articles for the REVIEW on the diseases of the circulatory system.

In aortic incompetency there is failure to close the aortic orifice, due to disease of the semilunar valve which guards this opening. As a consequence, there is a return flow of blood into the ventricle during the diastole of the heart. The disease may be caused by any of the following:

Acute endo-carditis resulting in chronic valvular changes.

Chronic infectious irritants as a result of infectious diseases, syphilis, etc.

Chemical irritants as from uric acid in gout; rheumatism; the effects of alcohol in habitual drinkers, and indirectly from lead poisoning.

Increased aortic tension, occasioned by the immoderate use of alcoholics or other cardiac stimulants; occupation by causing an increase of vascular tension, as in strong-bodied men whose occupation entails a continued strain or tension.

As a result of arterio-sclerosis by extension. Dilatation of the ascending portion of the arch near the valve; or an aneurism near the orifice.

The disease occurs oftenest in males as the occupations of this sex are most laborious. The age most likely to be affected is that of middle life.

In the beginning of an aortic incompetency the heart muscle, through hypertrophy, compensates the valvular deficiency. Thus by increase of muscular tissue, more power is supplied to force the blood onward through the arteries. During the stage of compensation and before extreme dilatation takes place, no untoward symptoms are manifest, except when hypertrophy has markedly increased. When the power of the heart is strongly increased severe muscular effort or strong mental excitement will, by unduly exciting the heart's action, bring on a condition marked by headache, dizziness and tinnitus aurium. The countenance becomes pallid and flashes of light appear before the eyes. Owing to dilatation of the peripheral vessels the patient complains of hot flushes and profuse sweatings. This latter is sometimes looked upon as evidence of phthisis. Dizziness is often most marked when arising suddenly from the recumbent position. Dyspnoea, or shortness of breath, is usually complained of, especially after compensation is beginning

to retrograde. Congestion of the pulmonary apparatus is evidenced by oppression in the precordial region and a dull aching pain radiating to the shoulders and down the arms, especially the left. As compensation decreases congestion of the lungs increase and dyspnoea becomes more distressing. Cough is apt to develop as a result of bronchitis due to congestion, and hemoptysis may also result. Late in the disease general venous congestion is prominent, giving rise to cyanosis and malleolar dropsy. Enlargement of the liver ensues which is due to congestion of that organ. General anasarca rarely occurs although it may do so and ascites is sometimes present owing to the obstruction to the portal circulation.

Physical examination reveals an enlarged area of the apex-beat downward to the sixth or seventh interspace and to the left; being most marked between the mammary and anterior axillary lines. The entire zone is distended and the systolic pulsation is heaving in character. There is throbbing of the carotids and temporals due to hypertrophy of the left ventricle. The impulse becomes wavy as enfeeblement progresses and venous pulsation may result from tricuspid insufficiency. Quincke's capillary pulse may be noticeable. This is made to appear by rubbing a spot upon the forehead, which upon ceasing, alternately pales and blushes. The same phenomenon may be noticed in the finger nails. Palpation shows a heaving systolic impulse until the stage of dilatation when the impulse becomes weak and undulating. A diastolic thrill may sometimes be detected to the left of the sternum. The pulse is peculiar and characteristic. It is full and jerking and on striking the examining finger the wave recedes abruptly; drops away as it were. It is a fluctuating wave and has been named the *water-hammer* pulse; also *Corrigan* pulse. It is best determined when the arm is held in a verticle position. The secondary wave is either absent or delayed.

Percussion gives extended dulness downward as low as the eighth rib and to the left as far as the anterior axillary line. Later, the area of dulness may extend upward and to the left of the sternum, and is due to left auricular enlargement. The right ventricle also enlarges and the area of dulness is carried to the right. After dilatation succeeds hypertrophy the area of dulness is extended transversely and upward.

Auscultation detects a diastolic murmur which is most distinctly heard at the junction of the right third cartilage with the sternum. This murmur may be transmitted far to the left sometimes, and can be detected in the region of the spine. It may be heard by applying the ear over the vessels of the neck. It is soft in quality and long-drawn; a blowing sound. It is sometimes loud and rough owing to tissue changes in the valve. In marked incompetency the diastolic murmur takes the place of the aortic second sound. We sometimes hear a systolic murmur which is due to the roughened condition of the segments. It is harsh and brief, corresponding in time to the period of systole. Remember however that the characteristic murmur is diastolic as to time. It will be remembered that the aortic second sound is due to sudden closure of the aortic valve as it is forced shut by the recoil. One can readily see that as the valve fails to close, the second sound must become fainter; and when a sufficient degree of insufficiency is reached, will almost if not entirely disappear; hence in advanced cases of aortic incompetency the normal second sound will be displaced by the diastolic murmur. I remember a case which came under observation a few months ago wherein a diagnosis of hydropericardium was made and the reason given by the professor was that the heart sound was inaudible. To this fact was due the belief that there was "water 'round the heart." It was a case of aortic incompetency having all the distinctive symptoms of that disease.

Summing up, the distinctive diagnostic signs of aortic incompetency, are: Hypertrophy; water-hammer or Corrigan pulse; the peculiar pulsating arteries; a diastolic murmur, and absence of, or indistinct, aortic second sound.

In order to make these phenomena plain and clear of comprehension we will do what we can to give a lucid description of the mechanism of the circulation in the normal state as well as in disease. Taking the healthy circulation first, we find that when the heart is in systole (act of contracting) the blood which is in the ventricles is forcibly thrown into the vessels leading from the heart. On completion of the systole the aorta is distended and being forcibly dilated, tension is the result and the muscular fibers of the vessel are put upon the stretch. Diastole succeeding to the systole the ventricles receive a new supply of blood through the auricles. At the same time the reaction of the tense aortic tube forces the blood within it both forward toward its distal extremity and backward toward the heart. The valve which guards the aortic orifice has its segments projecting into the aorta, away from the ventricular cavity. The force of the blood behind the segments and against the inner wall of the vessel forces the segments together at the orifice which closes that opening so that no blood returns to the heart, but is forced on into the capillaries. The coronary arteries arising as they do directly in front of the aortic ring, receive their supply of blood by reason of the aortic recoil. It is well to remember this fact as we will find that in the disease under consideration the heart muscle must suffer from lack of nutrition, due to a deficient supply of blood; hence a final dilatation and weakness. In the normal state the empty left chamber opposes no obstruction to the entrance of blood from the left auricle which has been received from the pulmonary circuit. Consequently there is free access to the blood coming from the right side of

the heart to the lungs. The right side of the heart having no obstruction to overcome, offers no hindrance to the normal flow from the venous tree and as a result of this there is no stasis in the capillaries, which receive freely the blood that was sent out by the systole. You will observe that the circulation has been traced backwards.

One must have a clear conception of the normal revolution of the circulation to be able to comprehend the abnormal.

Starting again with the systolic action of the heart in which there is an aortic incompetency we will trace the effect upon the circulation. The blood is forced into the aorta as in the normal state. The systolic period being completed, the diastolic succeeds and the heart relaxes. But now the valve is diseased and instead of complete closure of the aortic orifice at the recoil, it fails and a portion of the blood which had been thrown into the aorta finds its way back into the heart chamber. The first effect upon the circulation when this blood is returned to the chamber, is to take away a part of the pressure from the outgoing current which is being sent along the arteries. The result is that while the pulse at the wrist strikes the examining finger with force owing to increased power of the heart from hypertrophy, it recedes abruptly and we have the water-hammer pulse as described in a previous paragraph. The effect upon the capillary circulation is to lessen the *vis a tergo* in support of it. Going back now to the starting point we find that owing to the insufficiency of the valve to close and the escape of the blood from the aorta into the ventricle (regurgitation), the effect of the force at the ring is to a great extent lost and the coronary arteries are not filled. The result is that the heart muscle suffers in its nutrition which is to end in weakness and dilatation. Passing on into the chamber we find that it is partially filled now by the act of regurgitation and this necessarily offers an obstruction to that portion of the

blood coming from the lungs. The ventricle is being filled from forces acting from above and below, hence the tendency is to over-distension which means more work for the heart muscle. This means more power, and nature responding, hypertrophy comes. Proceeding, we find that the obstruction is carried to the auricle, thence to the lungs and the result is a damming back of the pulmonic flow. To overcome the obstruction in the lungs the right heart must exert more power to force the blood into them, hence an hypertrophy of the right. But the effect does not stop here and the obstruction is carried still further and the venous circulation is interfered with to such an extent as to hold the blood in the capillaries, therefore the general venous congestion spoken of when describing the symptoms. As was seen, forces acting from opposite directions must have the effect of continuous congestion of the lungs, hence dyspnoea, cough and sometimes hemorrhage. General venous congestion gives the symptom known as malleolar dropsy and sometimes anasarca. Congestion of the portal circulation, if of sufficient gravity, leads to ascites. Owing to the congested condition of the capillaries it is easily seen why there should be headache, dizziness and tinnitus. Nature compensates by increase of muscular structure. She fails when the nutritive supply is reduced below what is necessary to sustain the life of the part at the normal standard and such reduction being continuous in this disease, the failure is progressive.

I have tried to make the subject plain and simple as possible at the risk of being tedious; but one can have no adequate conception of the different lesions of the heart without a thorough analysis of the mechanism of the circulation and a knowledge of the effects of interruption of the normal state of the different parts.

The treatment of aortic incompetency is mainly palliative and protective. By these

means the disease process may be held in check and a moderate degree of comfort secured as well as a prolongation of life.

It is hardly necessary to speak of prophylaxis. In all diseases that may result in valvular difficulty the physician will do all that can be done to prevent such an occurrence. It is in those cases that have progressed far enough to present the symptoms of incompetency that treatment is recommended in this article.

During the stage of compensation the patient will avoid all things that tend to aggravate the disease; such as, an occupation that requires undue muscular effort; violent exercise of any nature; lifting or straining, etc.; avoidance of alcohol in all its forms as well as tobacco. Moderate and systematic exercise is to be recommended. Tranquility of mind is to be desired. Attention should be paid to diet. I do not mean to put the patient on a certain prescribed list of foods, but rather to limit the amount. It is essential that he do not overload the stomach and to do so will aggravate the disease and add to his discomfort. If the occupation of the patient is laborious, he must change to one that will not be. By so doing he will improve and may regain a state of comparative health. Referring again to diet I would recommend that the patient eat but two meals a day and let those be moderate in amount and in the main composed of vegetables and fruits. Meats if eaten at all should be sparingly indulged in and then not more than twice or thrice a week. Plenty of water should be taken daily. It will aid much in retarding the progress of the disease.

Remedies looking towards the relief of the symptoms as they arise will be needed and among them may be mentioned cactus, pulsatilla, nux vom., apocynum, the special sedatives and perhaps in the later stage the stimulants. It is not well to nag at the heart in organic troubles for the effect of much sustaining and whipping is to weaken

more rapidly than to let the natural forces attend to the matter.

As this article is already of considerable length it will be unnecessary to enumerate the specific indications for the remedies mentioned, as they may be found in our Eclectic publications.

St. Louis, Mo.

There is Death in the Spoon.

BY JACOB VAN VALKENBURGH, M. D.

It is recorded in the Bible, in II. Book of Kings, 4th Chapter, that the sons of the prophets while eating pottage, cried out and said: "O, thou man of God, there is death in the pot"! Or in other words, our food is poisoned. In like manner, I proclaim to every physician and druggist: there is Death in the Spoon!" or in plainer language, there is injury, or death in the "double dose."

Some years ago I wrote an essay on this subject for the Eastern Medical Journal, edited by A. J. Martson. The article was republished in several newspapers. This matter of the spoon was recently brought to my mind by a patient who consulted me in regard to a prescription he was using. I will utilize the prescription further on to prove my position.

In every dispensatory, materia medica; domestic practice, etc., physicians, druggists and patients have been taught that "a teacup is estimated to contain about four fluid ounces, or a gill; a wineglass, two fluid ounces; a tablespoon, (cochlear magnum) half a fluid ounce, or four drachms; a teaspoon, (cochlear parvum) a fluid drachm, or sixty minims.

UNITED STATES' DISPENSATORY.

The teaspoon of our grandmothers contained one fluid drachm, or sixty minims, and no more, but the modern teaspoon contains two fluid drachms, or one hundred and twenty minims. I have never been able to trace the history of the

change in the teaspoon. Nevertheless, we are confronted by a theory and a condition. The theory is that it measures one drachm, or sixty minims, and the condition is that it holds two drachms, or one hundred and twenty minims.

The prescription alluded to reads as follows:

“℞ Ferri chloridi tinct. ʒij.
 Quiniae sul. ʒj.
 Potassii arsen. liq. ʒij.
 Cannabis indicæ tinct. ʒvj.
 Zingiberis syr. ad. ʒiv.
 Misce.
 Sig. ʒj in water before meals.”

The druggist labelled the bottle as follows:

“One teaspoonful in water before meals.” The patient used a common teaspoon (ʒij) to take the medicine. Instead of thirty-two doses in the bottle, there were only sixteen, and consequently he took a “double dose,” or twice the amount the physician intended. The error was made by the druggist. The large dose of arsenic gave the patient trouble with his stomach.

A drug to be curative must be given in a rational medicinal dose; beyond this point, it becomes injurious, and, if toxic, poisonous.

Where a prescription for a liquid is written on the drachm dose basis the matter could be partially remedied by saying “one-half teaspoonful”; or wholly so by doubling the amount of excipient. This latter method would increase the price to the patient. The only sure and safe remedy is a Congressional enactment in regard to the names and measures of spoons, as follows: A teaspoon to contain one drachm; a coffeespoon, two drachms; a dessertspoon, three drachms, and a tablespoon, four drachms. While the trained nurse will use the graduated guage, the rank and file of walking pa-

tients will cling to the time honored spoon.

To a careless prescriber the matter of the teaspoon may seem unimportant, but to the physician it is freighted with weal or woe, health or disease, life or death. Benjamin Franklin said that “a little neglect may breed a great mischief. For the want of a nail, the shoe was lost; for the want of the shoe, the horse was lost; for the want of the horse, the rider was lost; for the want of the rider, the battle was lost. All being overcome and taken by the enemy—all for the want of a little care about a horseshoe nail.” The Rev. John Wesley advised his preachers “to mind all things, great and small, in the Methodist Discipline.” The far-reaching results of that advice are known beyond the bounds of civilization.

The physician's prescription should be formulated with accuracy, plainly written in English, or Latin—preferably the latter, and the directions to the patient minutely stated. He should ever remember that some patients are ignorant; more are careless, and only the small minority obedient.

Sharon, N. Y., Dec. 29, 1903.

Letter to the Editor.

Editor of the ECLECTIC REVIEW:

In the December issue of the REVIEW, I note a criticism from the pen of my friend and colleague Dr. D. N. Bulson, upon my paper published in the November issue of your worthy journal, entitled “Reports from Case Book.” I wish to thank the doctor for his kind criticism and note with pleasure his suggestion.

In reference to the passage in the doctor's letter, “and more in accordance with the principles of eclecticism instead of savoring so strongly of the ‘old school’ practise,” I wish to state that this is the first time my sincerity as an Eclectic is

questioned. I believe my colors are true and nailed fast, but I am neither orthodox or heterodox, always trying to gain a point from all sources of medical knowledge.

The doctor recommends baryta carbonicum 3rd X, did he not go to the homeopathic Materia Medica and take their recommendation and then suggest that my attention be called to this treatment as he styles "Eclectic?"

"People who live in glass houses, should not throw stones."

The doctor seems to take the view that an enlarged tonsil *per se*, is due to a constitutional dyscrasia, in this I differ and refer to our text books on pathology, which prove that enlarged tonsils (except due to systemic infection as tuberculosis and syphilis) are due to a nidus of infection lodge within the crypt of the tonsils producing an acute or chronic inflammation followed by hyperplastic changes or they may be secondary to adenoids. Then if we remove the tonsil (or adenoids if they are at fault), destroying the field of infection it is far better practise than allowing an hypertrophied tonsil to produce an abundance of lymphoid cells. This manufacture of lymphoid cells is one of the two proved properties of the tonsil, the other is absorption of fluids from the crypts. These two properties are loading the system with toxic material and as soon as we get rid of this nuisance, the quicker will we retard systemic or blood degenerative changes. A normal tonsil can take care of itself, but an abnormal tonsil is a barrier to good health. If the doctor would spend a few days at a nose and throat clinic and note the many cases of cheesy masses lodged in the crypts of an hypertrophied tonsil and the secondary constitutional effect of such a condition, and the rapid amelioration of all symptoms with return to health within a month after tonsilotomy or galvano-cautery, he would not

go to our homeopathic colleagues for information.

I do agree with the doctor that the indiscriminate practice of removing tonsils is most reprehensive, but I cannot agree that the removal of a pathologic tonsil doing harm to the system, leaves the patient prone to phthisis. I believe the doctor is writing at random and cannot prove his assertion by statistics.

I wish to call the doctor's attention to this year's volumes of Virchow's Archives and the Berliner Med. Wochenschrift and he will note many cases to prove just the opposite to his assertion, also an article by Dr. M. Hoche, *Review Med. l'est*, Oct. 1, 1902, who reports a death from tubercular meningitis where the primary infection was due to a chronic hypertrophied tonsil which on section showed cystic cheesy contents with abundance of tubercular bacilli, which no doubt could of been prevented by the timely enucleation in the early stage of hypertrophy, which originates as a small cyst within the crypt. This is one of the many cases reported during the last few years.

The case I referred to in my report, Mr. W. B—, was suffering with an enlarged tonsil due to infection from the crypts. He had been under the care of several most excellent homeopathic and allopathic physicians during the last two years and perhaps received baryta carbon. from the hand of a homeopath. During this time he complained of a constant cough, sticking pains in tonsillar region, loss of weight, intestinal fermentation and the usual symptoms which generally accompanies this condition.

The accident (hemorrhages) which followed the operation was most unfortunate, but to-day the tonsil is about normal in size and the patient in normal health and gaining in weight. The unfortunate hemorrhage in this patient gave material to report this case. This is one case in about two-hundred that will give trouble, but how

many cases out of two-hundred, if not operated upon will terminate in complications as tubercular adenitis, etc?

A subacute hypertrophy of the edematous or venous form, or a soft hypertrophy which generally are a sequelae to the exanthemata or infectious diseases will often respond to small doses of calcium iodide as recommended by Dr. P. Nilsson and published in the REVIEW, if anaemia is present add ferrous iodide. If due to rheumatic diathesis then phytolacca, stillingia, salicylates, etc. These drugs will not cure an enlarged hyperplastic tonsil containing about eighty *per cent.* of hard connective tissue. If baryta carbon. 3-x will do this after a fair trial I will shout "Eureka!"

Sincerely,

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Therapeutics

Edited by

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Phytolacca Decandria.

In many abnormal conditions phytolacca fills a place peculiarly its own. In the treatment of diseases of the glandular system and of the mucous membranes this fact is almost daily brought to the attention of the general practitioner. Its curative effect is so promptly manifested in inflammation or ulceration of the mucous membranes of the various parts of the body that there can be no doubt of its energetic power. In inflammation of the breasts its early exhibition will frequently prevent the formation of abscesses, and in tonsillitis and the sore throat of scarlet fever it has no superior. In wrongs of the liver, especially when there is enlargement and in-

duration, or a torpid condition of that organ, the patient should be given the aid afforded by this efficient medicine. In gonorrhoea and leucorrhoea phytolacca is deemed a medicament of merit, and in syphilis, especially of the tertiary form, it is thought by many to be essential to a rational treatment. It has also been found a remedial agent of great usefulness in the large number of chronic conditions in which the absorbing, secreting and eliminating vessels have become impaired, and it is one of our most efficient drugs in the chronic form of articular rheumatism, its long continued employment doing much toward preventing a return of the painful affection.

Phytolacca decandria is alterative, diuretic, laxative, and, in very large doses, narcotic, emetic and cathartic.

Among the specific indications calling for phytolacca the following are perhaps the most frequently seen: Enlargement, inflammation or pain in glands; mucous surface of the fauces full, of dark color, the tonsils swollen, throat dry, or covered with patches of tenacious secretion or ash-colored exudation; depressed function or imperfect secretion; fatty degeneration of the heart. Locally: threatened abscesses in glands.

The dose of Specific Phytolacca (or a good fluid extract) is 3 to 10 drops, but it is usually employed as follows: \mathcal{R} Phytolacca, gtt. x to xxx, water, $\mathfrak{z}\text{iv}$; teaspoonful every hour or two.

Teaching Materia Medica.

A recent issue of the Medical Arena contains an editorial on the above subject which evinces much thought and a thorough knowledge of the needs of the medical student. It embodies many wise and timely suggestions, and it is to be regretted that space will not here permit its entire reproduction. In closing the writer says:

"Less effort should be made to impress the student with the minimum dose than to inculcate the toxicologic dose. It is very

often desirable to obtain a physiological effect. Doing this, without a full knowledge of toxicological effects of the remedies employed, is fool-hardy and the physician finds himself woefully lacking in his mental and professional equipment. While it is of the utmost importance to avoid baneful drug action under all circumstances, and the student should be duly impressed with this fact, yet the other extreme of avoiding all physiological action under all circumstances, is almost as grave a blunder. With this object in view all remedies should have a definite and uniform drug power.

"Anathemas hurled at other schools by the professor of materia medica are becoming more and more out of date. The medical bigots are beginning to die off and the schools are not only getting more numerous, but also more tolerant of each other. * * * * It will not therefore be much longer the fashion to ridicule other schools. Besides, the people are awakening to some of the frauds of medical practice. Sanitary science, hygiene and bacteriology have reached a degree of development that the truths of these sciences are gaining the public ear. There are too many, nowadays, who regard the doctor who scoffs at other schools as a back number in his own school and are disposed to give him a back seat in the profession when medical services are required."

Coptis Trifolia.

Common name.—Goldthread.

Natural order.—Ranunculaceae.

Part used.—The root.

Description.—This plant has a small and creeping perennial root. Its stem is round, slender and invested at the base with a number of yellow scales. The leaves are evergreen and on long slender petioles. It has one small star-like flower.

Dose.—Fluid extract, 30 to 60 drops.

Usual dose.—10 to 20 drops.

Indications.—Conditions in which a powerful bitter tonic is required. Locally, as

a wash or gargle: Aphthae, ulcers in the mouth, psoriasis of mucous membranes and ulceration of the tonsils.

The action of this agent is somewhat similar to that of hydrastis. It is valuable as a tonic and stomachic in dyspepsia, and when the digestive organs are debilitated, it will do much toward restoring them to their normal condition. In anorexia its power of promoting the appetite is not surpassed by any drug with which I am acquainted.

Coptis trifolia is a non-astringent bitter tonic and stomachic.

Chelidonium Majus.

In an interesting article in the *Therapeutic Digest*, Dr. J. A. Burnett says:

"Chelidonium stimulates all the glands along the digestive tract; its greatest action is on the liver, the pancreas and the spleen. It is claimed that it stimulates the whole chylipoietic system and affects favorably all organs supplied by the solar plexus of the sympathetic. It causes the liver to secrete thinner and more profuse bile than any other remedy and it is a useful remedy to promote the expulsion of gall stones, for simple biliousness, hepatic congestion, acute or sub-acute inflammation of the liver, jaundice due to catarrhal conditions or swelling of the bile ducts, dropsies when due to hepatic troubles, supra-orbital neuralgia and migraine when due to hepatic origin, hemorrhoids, scrofula and as a stimulating expectorant in old coughs.

"The keynote of this drug in hepatic diseases is pain under the angle of the right shoulder blade; there is swelling of the liver, chilliness, fever, jaundice, yellow-coated tongue, bitter taste and a craving for acids and sour things such as pickles and vinegar.

"Chelidonium is an excellent spleen remedy; it relieves splenic congestion and reduces splenic enlargement—in this condition it is well to alternate it with grindelia squarrosa. It also acts in a marked degree

upon the pancreas and will relieve it of any congestion or engorgement by giving better circulation and by lessening irritation of its ducts.

"Chelidonium is used externally to remove traumatic inflammation, corns and warts, by stimulating them to exfoliation, to destroy the parasite of itch, ring worm and other herpetic itching eruptions, and in the eye to remove pterygium. It has also acquired some reputation in cancers.

"Chelidonium Majus is stimulant, alterative, diuretic, diaphoretic, cathartic and expectorant."

Complexion Remedies.

Dr. Lyman Watkins makes the following helpful suggestions in an article published in the Cincinnati Eclectic Medical Journal:

"*Berberis aquifolium*, in combination with *echinaca* and Fowler's solution of arsenic, is very efficient in removing pimples and blotches from the skin—especially those on the face—and in making the complexion soft and clear. These remedies are combined so that the average dose consists of five drops *berberis*, five drops *echinaca* and one-tenth drop of Fowler's solution. This much should be given thrice daily.

"The above combination is an excellent tonic and blood medicine, and while giving it for this purpose, our attention was called to its skin action by the patient, who was rejoicing because of the disappearance of his face pimples. We have prescribed the mixture many times within the last five or six years as a 'beautifier,' and have had considerable success with it along this line.

"Another preparation useful in removing 'liver spots,' yellowish-brown patches on forehead and cheeks, consists of five drops specific *podophyllum* and five drops specific *iris* in four ounces *cascara cordial*. The dose is a teaspoonful three times a day. Sometimes this causes too much catharsis, and the dose must be diminished. It is

necessary, however, to persist in the treatment for two or three months at times, and not to be discouraged if the patches fade slowly.

"Boils, furuncles upon the edges of the eyelids, and pustular eruptions on the face, are prevented by the administration of one-tenth of a grain tablets calcium sulphide three times daily—unless syphilitic, when sodium iodide in five or ten-grain doses is better.

"For warty lumps and growths on face and hands the specific *thuja* can be recommended. We usually give the patient a half-ounce bottle of the medicine and direct him to apply frequently, the oftener the better. In one case a disfiguring wart of large size upon the eyebrow of a lady was entirely removed in about two months.

"Salicylate of sodium, in the proportion of sixty grains to the ounce of water, will relieve burning and itching anywhere from any cause and will also subdue offensive odors from perspiration of feet or elsewhere."

Precipitation in Fluid Extracts.

Every fluid extract is a saturated solution. Evaporation constantly tends to reduce the quantity of alcohol present and to increase the proportion of water. This naturally alters the solubility of the sustaining menstruum and results in precipitation. The contents that are insoluble in a weaker alcoholic medium than that which dissolved them from the plant tissue are no longer soluble in a medium that has by evaporation lost part of its alcohol. Once precipitation has begun it tends to continue. The presence of air in the solution causes oxidation of some of the dissolved constituents, produces insoluble compounds and the precipitation of these adds to the falling mass. Changes of temperature likewise aid to some extent. Most substances are more soluble in warm solvent than in cold ones. During cold weather there is therefore a

downward tendency due to temperature alone. The admission of dust from the air into a fluid extract that contains but a small proportion of alcohol or other antiseptic substance sows the spores of fungi of various kinds, and the growth of these is at the expense of the dissolved ingredients, thus converting them into insoluble fungi tissue and insoluble fungi waste. The precipitation of this adds still more to the descending mass. The presence of but slightly soluble crystalizable bodies is soon made manifest by these crystalizing out upon the sides and bottoms of the bottles as the menstruum changes, or as the dust that is permitted to enter, supplies them with a proper nidus for them to grow upon.

"The emptying of two different makes of the same kind of fluid extract into a common bottle is likely to facilitate precipitation, because of differences in their respective solvents.

"Fluid extracts which contain chlorophyl, unless kept away from light, will, through the decomposition of the chlorophyl, gradually form insoluble compounds that in subsiding bring down other constituents.

"The lesson which all these facts teach is that stock bottles of fluid extracts should be seldom opened and then be kept open but for a moment; should be kept from dust, light and low temperatures; old and nearly empty bottles should never be emptied into new ones; and care should be taken to keep every cork pressed in with sufficient tightness to exclude air."—*The Druggists' Circular & Chemical Gazette*.

Obstruction of the Bowels.

In reporting his treatment in a case of obstruction of the bowels a contributor to a medical journal of recent issue says:

"I gave hypodermic of morphia and atropia, which gave some relief. Ordered two ounces of sweet oil to be given. Flushed the bowels with long colon tube and found obstruction near the angle of traverse and

descending colon. Pressure against the part with the tube gave great pain. Attached my compressed air atomizer to the tube and inflated the bowels until she complained of severe pain and suffocation. The bowels acted very freely in a short time, and I never experienced such an odor. She died in a short time with paralysis. I have succeeded twice with the air and as you are not likely to do harm always give it a trial."

"I gave morphia and atropia," says the writer. Why? Morphia might give temporary relief from pain, but it would surely increase the already dangerous obstruction. Other and better means could have been employed for the relief of pain, and in truth a physician cannot say that one is "not likely to do harm" by inflating a bowel already distended with decomposing faecal matter until the patient "complains of severe pain and suffocation." Could the cause of the "severe pain and suffocation" have anything to do with the conceded fact that the patient "died in a short time"?

While thinking of the treatment employed in the foregoing case I am reminded of a similar case which recently occurred in my own practice. The patient, an editor of a newspaper, was 68 years of age. Throughout the previous three months he had suffered from what he supposed to be a watery diarrhoea, as his evacuations contained but little faecal matter. At the time I was called he complained of severe pain in the left iliac region. He was very nervous, restless, could not sleep, and had a frequent desire to go to stool, but without any satisfactory result. On examination a hard and painful tumor was revealed at the point designated as the troublesome spot. The wrong was clearly that of an obstructed descending colon from impacted faeces, and I prescribed as follows: \mathcal{R} Hyoscymus, \mathfrak{ss} , water, $\mathfrak{z}\text{iv}$; teaspoonful every half hour. Also five grains of the bromide potassium every four hours, and inject per rectum with a fountain syringe one pint of sweet oil every three

hours, the oil to be retained as long as possible. The injections were continued until three quarts of sweet oil had been used, when the bowels began to act, and evacuations were frequent for three days, carrying off gallons of semi-liquid and very offensive matter, all of which was oily, showing that the sweet oil had penetrated the whole impacted mass. The patient then made a rapid and complete recovery.

Eugenia Chequen.

Common name.—Cheken.

Natural order.—Myraceae.

Part used.—The leaves.

Description.—The size of this South American plant depends much upon its location, and its height, therefore, varies from five to fifteen feet. Near the sea level it becomes almost a tree and rises to a height of from twelve to fifteen feet, but upon the mountain slopes it seldom reaches a height of five feet, and is of a more shrubby growth. The leaves are also smaller, broader and thicker, and more abundantly supplied with oil glands. The botanical classification of cheken is somewhat obscure and confused.

Dose.—Fluid extract, 20 drops to 2 drachms.

Usual dose.—20 to 30 drops.

Indications.—Purulent inflammation of the bronchial tubes; acute and chronic bronchitis; paroxysmal cough with thick yellowish expectoration and shortness of breath on exertion; winter cough; chronic cough with thick and sticky expectoration; hacking cough; sympathetic cough occurring in adults who are associated with children having whooping cough; catarrh of the bladder.

The indications for this remedy are often seen in colds, bronchitis and pneumonia. It acts as a tonic and stimulant to the mucous membranes, making respiration more free, and restoring the membranes to normal activity. Chronic cases appear to derive

more benefit from the medicament than acute cases do. In chronic bronchitis and winter cough it is especially useful, and in pleurisy with effusion it has been employed with success.

Eugenia chequen is tonic, stimulant, expectorant, diuretic and antiseptic.

Echinacea in Poisonous Bites.

Dr. J. W. Harvey, of Chico, Cal., in writing to the Therapeutic Digest, in part says:

"A boy was brought to my office twenty-seven minutes after having been bitten by a rattlesnake. The leg was considerably swollen. The bite was half way between the malleolus and the knee joint. The wound was severe and lacerated. I immediately bathed the leg with normal tincture of echinacea and injected into the wound thirty drops of the same remedy, then saturated a bandage with the tincture and tightly bound the affected part and gave instructions to keep the bandage wet with the tincture. I prescribed thirty-drop doses every two hours for twenty-four hours.

"Next morning on visiting my patient, I found the swelling had entirely subsided and there were no indications of constitutional poisoning. In three days the wound was healed. I continued giving thirty-drop doses of the echinacea three times a day for a week. The prompt action of this preparation gave me great satisfaction.

"I also had a case of a Japanese who had been bitten in the scrotum by a tarantula. The part was swollen to ten times its natural size. I applied a bandage of absorbent cotton saturated with normal tincture of echinacea keeping it wet with the tincture for twenty-four hours, and administered drachm doses every two hours for the same length of time. At the end of the time there was no local swelling or other evidence of the poisonous effect of the insect's bite."

Aralia Nudicaulis.

Common name.—American Sarsaparilla, Small Spikenard.

Natural order.—Araliaceae.

Part used.—The root.

Description.—This is a smooth herbaceous perennial plant, with a large fleshy creeping root, from which arises a solitary large leaf. The leaflets are finely serrate, oval and obovate. The flower stem also arises from the root, and is shorter than the leaf. It is naked, about a foot high, and terminates in three simple, many flowered umbels. The fruit is a small berry. The whole plant has an agreeable balsamic odor and a pleasant spicy taste.

Dose.—Fluid extract, 20 to 60 drops.

Usual dose.—20 to 30 drops.

Indications.—Chronic cutaneous affections; chronic pulmonary wrongs; rheumatism; syphilitic affections.

This agent is employed in all diseases requiring an alterative treatment.

Aralia Nudicaulis is alterative, stimulant and diaphoretic.

Nux Vomica.

In speaking of the indications calling for the employment of nux vomica the Chicago Medical Times calls attention to the following essential facts:

"First of all, let me say that I do not believe you can give nux vomica and strychnine interchangeably. The nux vomica contains besides the strychnine other medicinal ingredients which enter into the results produced by the nux vomica. Who can tell what part these constituents play in the curative effect of the drug?"

"The first thing to remember about nux vomica is that it should be given only in those departures from health, which are the result of an atonic condition of the system. Whenever there is irritation, from any cause, it will not only fail to benefit, but, on the other hand, will work positive mischief."

At this time of the year numerous indications are seen for stillingia liniment, compound powder of lobelia and libradol. Look them up in Fyfe's Materia Medica and back numbers of the REVIEW.

Society Meetings**Society Calendar.**

National Eclectic Medical Association. Meets at St. Louis, in June 1904. R. L. Thomas, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, April 7th and 8th. 1904. E. H. King, M. D., president; S. A. Hardy, M. D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. Wm. H. Russell, M. D., president; Pitts Edwin Howes, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th street. A. W. Herzog, M. D., president; W. L. Heeve, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; Dec. meeting at the office of Dr. Martin King, Brooklyn. H. Stoesser, M. D., president; J. A. Nordbrock, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. V. Sillo, M. D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thordike," Boylston street. Lydia Ross, M. D., president; Pitts Edwin Howes, M. D., secretary.

The Boston District Eclectic Medical Society.

Boston, Dec. 28, 1903.

The regular meeting of the Boston District Eclectic Medical Society was held this evening at the Thorndike. After partaking of the usual dinner and transacting the routine business the society listened to Dr. A. Waldo Furbush, who spoke as follows upon

HELONIAS DIOICA

Common names, blazing star, false unicorn and devil's bit. The root is the part used in medicine. This plant is often confounded with aletris farinosa by root gatherers and perhaps also by the pharmacists. Helonias may be distinguished from aletris by the flowers being much more thickly set upon the spike, and the leaves less sharply pointed. Helonias contains no resinoid principle but has a neutral constituent name

helonin which is completely soluble in the stomach and whose operation is entirely devoid of irritation.

Physiological results.—In tonic doses helonias produces emeto-catharsis, with pain characteristic of neuralgia, or enteralgia. There is similar pain in the stomach and reproductive organs. The mouth and throat becomes dry, with a bitter taste. If there is vomiting or purging we have the burning and dragging sensation in the lower part of the abdomen. In continued moderate large doses we have an irritable, quick, censorious temper even in the otherwise mild tempered individual. There is a feeling as if a band was tightly wrapped about the head or temples. The brain functions are exercised slowly and somewhat dulled, with pain in the vertex. This pain is increased by looking steadily, for a length of time, at any one point. On stooping we have vertigo, or dizziness, with a feeling of uncertainty in movements.

Helonias acts mainly through the ganglionic chain of nerves, quite forcibly on the reproductive organs and glandular structures, and hardly less on the membranes of the stomach and kidneys. It acts less on the intestinal tract. On the renal tract it will produce a profuse, albuminous, light-colored urine which is voided without the control of the person affected. This action is accompanied with pains in the lumbar region which are increased by motion.

Helonias will produce tenderness and swelling of the breasts in the female, also an intense itching of the labiae, extending deep into the vagina and followed by menorrhagia of a persistent character. In the male there is increased sexual desire and a feeling of tenderness in the generative organs.

The *one condition* most prominent was that all symptoms were more troublesome after nightfall and were increased by motion.

Therapy.—No agent of the materia medica better deserves the name of uterine tonic

than helonias. It is alike appropriate in the treatment of pathological conditions calling for dissimilar properties, as for instance, amenorrhoea and menorrhagia. In amenorrhoea, helonias will be found most beneficial in cases arising from, or accompanied with disordered condition of the digestive apparatus, and an anemic habit. It will be found useful in those cases for which iron is so frequently prescribed. It invigorates the appetite, promotes digestion, and so improves the quality and increases the volume of the blood. Aside from this it has an especial influence over the organs of generation, independent of its general constitutional influence.

Helonias is an indispensable remedy for those who are acquainted with its peculiar virtues in wrong conditions of the female. It is not unlike senecio, and is closely allied to *aletris farinosa*, *lilium tigrinum*, *cinicifuga*, *caulophyllum*, pyrophosphate or phosphate of iron. It resembles quinia and strychnine in its tonic and stimulating tendency. When used along these lines it will greatly assist the therapeutic action of all closely indicated remedies.

Helonias has a distinctly restorative influence on the blood, enriching it by its influence upon the nutritive process. To my mind it supercedes in a marked degree the granted action of iron. Why this is so, is not quite clear, but the fact has been proved, and by some careful observers fully demonstrated. Helonias does not seem equally beneficial in all forms of blood poverty. In the poisoning from, and following diptheretic debility, helonias is of marked service, also in all like pathological conditions.

The action of helonias upon the renal and reproductive organs, particularly the uterus, is instructive and gratifying. It would seem that when the anemic condition is influenced from perversion of function in these parts, helonias is of specific merit. It restores normal uterine function, and dissolves toxins, urea and other excremen-

titious products which kindly pass through the kidney as a result. Relief from uterine congestion, and a more kindly stimulation toward the normal functional activity, by a method of medication without recourse to dilatation or curettage is a desideratum. Menstrual pains are one of the vivid wrongs of women, followed by a chain of most undesirable conditions, amenorrhoea and menorrhagia—conditions demoralizing mentally and physically. When we have no decided organic change surgical measures are to be deplored. Physicians agree that surgical intervention, as a rule, cause subsequent and long continued weakness. Of all the indicated remedies for uterine affections, helonias is recognized as one of the very best. From its great power here it has received the appellation of the "uterine tonic." It possesses curative influence in all atonic conditions from menorrhagia, amenorrhoea, dysmenorrhoea, up to habitual miscarriage and sterility. In menorrhagia, in abortion from too great an increase of blood in the parts—occurring in full blooded muscular women—in congestive amenorrhoea, in prolapsus or retroversion helonias will be found curative. In women of an anemic or chlorotic habit—the same train of symptoms presenting—helonias will prove as effective as *aletris farinosa* with the difference that *aletris* exerts its influence more upon the anemic and chlorotic conditions, without the ability to extend its work much beyond. The helonias, however, fills a broader, larger field of action.

Sterility in the female and impotence in the male both come under the direct curative influence of the helonias when due to functional wrong. Here *aletris*, in indicated cases, makes a good working companion. Give *aletris* 5-10 drops, helonias 5-30 drops at a dose, repeating it three times each day.

Loss of desire without complete loss of reproductive power comes within the domain of this drug. When this condition

co-exists with an abnormal secretion of urine, helonias will give marked relief.

The feature in every case where helonias is indicated is the amelioration of the symptoms produced by this discord of the mental or nervous faculties. In this respect helonias is not unlike *pulsatilla*, *piscidia* or *hyoscyamus*.

In the mental state arising from masturbation and sexual excesses—in either sex—the helonias will exert marked benefit. In the continuous mental depression following wakefulness, etc., helonias comes to us as the first thought of remedy. Many times *cimicifuga* could be added with benefit.

Patients suffering from *puritus vulvae*—the external labiae becoming hot, swollen, erythematous and burning—helonias in ten-drop doses, every hour to three hours, will quickly relieve. The same may be said regarding apthous inflammation of the vagina, and like condition.

Use any local treatment desired with frequent doses of helonias, viz: five to ten drops of a legitimate fluid extract, or reliable tincture every hour to three hours.

In the depressing conditions of brain anemia caused by overdosing with the bromides—more especially the bromide of potassium—helonias is perhaps the best restorative. Give five to twenty drops four times a day.

In cystic disorders with the dragging sensations in the extreme lower abdominal point, and an inclination to hold up or support the abdominal contents the relief from the use of helonias is very satisfactory. The influence of helonias is that of a restorative tonic to the genito-urinary apparatus. In fact it is more than a conservative tonic or alterative. The renal pathological conditions especially calling for helonias can be named with some degree of distinctness—venous-paresis—a form of renal hyperaemia, or hyperstimulation that produces chronic irritation and resultant albuminuria. Here helonias will be found capable of not

only relieving the mischief, but will go deeper in its work and restore the apparatus to a more normal working condition. When a patient calls attention to pain and describes a feeling of bags of hot water and heaviness in the region of the kidneys, and, on examination of the urine, we find the presence of albuminous, diabetic or phosphatic elements of renal wrongs, the described condition is—to our mind—one of venous paresis. Hence the presented excretion. With this atonic form of renal wrong the urine is not only increased in quantity but contains an excess of urea. The urine is pale and acid, the appetite faulty, sleep non-refreshing, urinates frequently at night, palpitation on the slightest exertion, has a low spirited, restless, debilitated general appearance. These subjective symptoms will be relieved by helonias either alone or in combination with any other indicated remedy. Helonias quickly overcomes the phosphatic diathesis and relieves urinary irritability, restoring tonicity to the parenchyma of the kidney and exerts a favorable influence on all urosis.

In dropsy, from renal wrongs, it has proved a remedy of great service especially when used intercurrently with ampeleopsis, apocynum, buchu, asparagus, cantharides, nitrate potassium and terpenine. The dose here should be the full toleration of the drug.

In the vomiting induced by the dropsy of Brights disease, the helonias will generally relieve.

In chronic diarrhoea, complicated with renal or uterine diseases, helonias will prove curative.

Helonias can be placed in the group of glandular remedies from its influence upon the salivary glands, the pancreas, the mammary glands, the testicles and the ovaries. In these conditions we have the stimulant and alterative action of the drug.

As a kindly acting tonic in convalescence from fevers, dysentery and acute conditions in general helonias should not be forgotten.

In gastric troubles I am safe in saying that there is no remedy surer in its action, when administered along the line of its direct indications, than helonias. In atonic dyspepsia—so-called—having its beginning in hyperstimulation and sympathetic to renal or uterine wrongs, denoted by loss of appetite, sense of fullness after eating, rumbling in bowels—often extreme in character—with colic, and depression of spirits, helonias will be found a remedy of importance.

It resembles aletris along the anemic lines and broadens to include the indications for hydrastis, capsicum, the artificial ferments, xanthox, avena sativa, or even strychnine.

Helonias is most useful in frequent or habitual abortion when due from local weakness or when from the slightest over exertion we have the premonitory symptoms.

It will also aid cases which are influenced by emotional excitement, or from inflammatory conditions of the os or cervix. Here helonias closely resembles aletris while caulophyllum and the viburnum are just the opposite and correspond to an irritated uterus with great sensitiveness. Cimicifuga holds a place between these two extremes. Helonias is suitable for the feeble constitution where the nervous system becomes debilitated and is easily worn out. It is also a good working companion with pulsatilla and senecio, on general principles, when the indications call for either of these remedies.

Helonias is a potent vermicide. A favorite combination being, helonias grs. x, chlor. mit. hydrog grs. x, sacch. alb. 5j. M. triturate thoroughly. Of this give grs. x. four times a day for two days fol-

lowed by a cathartic if necessary. After the worms are expelled follow with helonias—any honest fluid extract or tincture—in small doses to tone the mucous membrane of the stomach and bowels.

For the dragging and bearing down sensation, common in cases of pelvic disorders, helonias is most valuable given in five to twenty drop doses every hour to four hours.

In conclusion, while other indications might be presented enough has been said to call attention to the importance of the remedy helonias.

Be careful in your selection of the preparation of the drug. The time has arrived when we, as physicians, should compel the pharmacist to assume his full responsibility in the honest treatment of the crude drug for our use. In that way only can we get indicated drug results.

The discussion of this paper will be taken up at the next meeting and reported in the February REVIEW.

PITTS EDWIN HOWES, M. D.,
Secretary.

Eclectic Medical Society of the City and County of New York.

New York, Dec. 17, 1903.

The regular monthly meeting of the society was held at the College Parlors, 239 E. 14th street. Dr. A. W. Herzog presiding. Dr. W. L. Heeve recording. Forty-five members responded to the roll-call. Dr. W. L. Heeve, the essayist for the evening, read an interesting paper on "adenoids."

Dr. Herzog in discussing the paper stated that he preferred the exclusive use of the curettes in performing adenectomy and discourages the use of forceps. He also stated that the after treatment was hardly, if ever, necessary.

Dr. Bulson made a plea for a more careful study of our drugs in the treatment

of adenoids and enlarged tonsils, also stating that he never removed enlarged tonsils. The doctor also stated that success always followed the internal use of Baryta carbonicum 3rd X, five grains thrice daily, if continued long enough.

Dr. Heeve in closing the discussion stated that he preferred the Brandegee forceps as it prevents the adenoid tissue from dropping in the esophagus as sometimes happen with the curette in which case we cannot "show the goods." The forceps also removes the bulk quickly with less hemorrhage. The doctor also stated that he never saw any benefit from internal medication in the hard variety of adenoids. In enlarged faucial tonsils with adenoids, the faucial tonsils would often reduce in size by simply removing the adenoids.

The floor was then extended to our mutual friend and most welcomed visitor, Prof. John Uri Lloyd.

Prof. Lloyd wished to congratulate the college upon the alterations made in the building and spoke of the bright aspect of the walls and ceilings in contrast with the western colleges, where it was impossible to keep light painted interiors clean, due to the atmospheric conditions. In speaking of the reception tendered him at the meeting of the Philadelphia College of Pharmacy on Dec. 15, he felt proud to note the good feeling towards Eclectics. He also expressed the hope to meet the members at the formal opening of our reconstructed building. Election of officers then took place and the following were elected for the year 1904:

President, A. W. Herzog, M. D.; Vice-President, S. R. Schultz, M. D.; Secretary, W. L. Heeve, M. D.; Treasurer, G. W. Thompson, M. D.; Censors, Drs. Hyde, Birkenhauer, Scaison, Arvine-Coleman and C. Brandenburg; Advisory Commit-

tee, Drs. Boskowitz, Cherurg, A. W. Tompkins. Dr. M. Bilkis and Dr. E. Gordon were unanimously elected to membership.

Essayists for next meeting, Dr. Birkenhauer and Dr. Toms.

W. L. HEEVE, Sec'y.

King's Co. Eclectic Medical Society.

The December meeting of the King's County Eclectic Medical Society was held at the office of the Secretary, Dr. J. A. Nordbrock, 1260 Jefferson Ave., on Monday evening, December twenty-first; Dr. H. Stoesser, presiding and Dr. Nordbrock recording. There was a fine attendance of members and Dr. Chas. Lloyd and Dr. W. L. Heeve of the New York Society were also present. Dr. W. J. Lewis of Brooklyn Hills, read a most interesting paper entitled, "A Case of Placenta Praevia," which elicited an interesting and instructive discussion. It was decided to hold the next meeting at the office of Dr. H. Stoesser, Union Course, on January 18th, 1904. The Society then adjourned its regular meeting and held a social session at which Mrs. Nordbrock presided and Dr. O. A. Perine acted as chief entertainer with humorous songs and speeches.

J. A. NORDBROCK, M. D.

Secretary.

Selections

Carbuncle.

This is a pyogenic infection which doubtless arises in one or more hair follicles, sebaceous glands, or possibly at times sweat-glands. In contradistinction to the ordinary furuncle which develops one central circumscribed point of necrosis, and exhibits one opening for discharge, a carbuncle presents a circular mass of necrosis, which may be from two to six inches in diameter, with several

openings through the skin, giving rise to the descriptive expression "sieve-like." Warren explains the several openings by stating that the infection travels laterally in the cellular tissue between the dermis and the deep fascia, gaining access to the columns of fat which occupy the spaces between the columns of connective tissue extending from the former of these structures to the latter. Its wide extent, brawny edema, purple discoloration, multiple openings, and marked constitutional symptoms are characteristic. The existence of carbuncle presupposes a debilitated condition of the patient. Not infrequently it arises as a complication in diabetes and chronic nephritis, and the favorite situations are on the back of the neck, shoulders, back and buttocks. That which concerns us most is the treatment. Numerous lives have been sacrificed on account of procrastination and dallying. Temporising may be permitted until the diagnosis is established, *i. e.*, until the multiple points of necrosis are manifested by the corresponding openings for discharge. Every day of delay after this only weakens the patient and delays recovery. Mere incision is practically fruitless, and is far short of intelligent treatment. The patient should be given an anesthetic for a brief period, a free crucial incision made, every pocket of necrosis thoroughly curetted, the overlying necrotic skin, which will thoroughly curetted, skin, which will inevitably slough trimmed away, and a firm dressing applied. Unless the carbuncle very large, Keen advises excising the entire mass, extending the incision into the healthy skin and down to the deep fascia. So soon as healthy granulations appear skin-grafting is done, and the wound usually heals promptly. Since the constitutional symptoms evince a general toxemia, prompt and vigorous internal medication, consisting of quinin, iron, strychnia, and milk

punches should be had. The dilatory halting and make-shift treatment of this really serious condition should be relegated to the past, and prompt, intelligent, and radical surgical interference take its place.

Salicylic Acid.

Most of the salicylic acid of commerce is made synthetically. Isomerically, it is said to be identical with the salicylic acid prepared from oil of wintergreen. Practically, they are as different as any two things can be. The commercial salicylic acid has little therapeutic value. The synthetic acid is irritating, disturbs the stomach and does not give the same good results which first brought the natural salicylic acid and its compounds into notice.

The Wm. S. Merrell Chemical Co., Cincinnati, make salicylic acid from oil of wintergreen, and their salicylic acid and sodium salicylate is all that it should be, and you get good results from its use.

We do not say this for the benefit of the Merrell Company. They do not advertise with us and we are not asking them to. We do not ask anyone to advertise with us who does not find it a good business proposition. But, the fact remains that the Merrell Company does make an excellent preparation of salicylic acid and that their sodium salicylate is all that the doctor can ask. Knowing this, is it not absolutely silly, not to say heartless for a doctor to prescribe these drugs without specifying the make which he knows to be reliable?

What if it does benefit the Merrell Company? How does that make it unethical to prescribe a remedy which will do the work in the best way, relieve the patient and make him think well of the doctor? Is there anything unethical in patronizing a manufacturer who has enough confidence in the profession to make pure drugs?—*The Medical Brief*, October, 1903.

Query Department

Conducted by

PITTS EDWIN HOWES, M. D.

Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 25th of the month in order to be answered in the next number of the REVIEW.

To all the readers of this department I desire to extend my heartiest wishes that 1904 may be a year that will be filled to overflowing with happiness and prosperity. I also desire to remind them that many times it is the little things in the practice of medicine which brings both reputation and business.

Has any little thing brought you prosperity? Share it with your fellow workers. Help them as you have been helped. In the year that has passed we have not had as much of this interchange of experience as I had hoped for at its commencement.

Readers will not you send at least *one* of the many results which have pleased you, in the days that are past?

My thanks are due to all those whose kind words have made the work of the past year so pleasant, and as I extend them, gladly, may it not be with the wish that, by your aid, the coming year may be more plenteous in beneficial helpfulness.

H. E. D.—Will you tell me in the January number of the ECLECTIC REVIEW—which I read with much pleasure as well as profit—what I can use that will cure chilblains?

The old remedy advocated by the late Prof. Andrew Jackson Howe has done me much good service many times in the past and I believe it cannot be beaten.

Saturate a piece of cotton cloth with tinct of aconite and bind it upon the affected part upon retiring. Repeat each night until the part becomes normal in color and feeling. Should they reoccur a prompt application will cause them to speedily depart.

H. C. C.—Will you kindly give me the formula for a liniment, for external use, whose efficacy you have proved?

The following prescription has done good service for me and my many patrons: Tinct. arnica, spts. camphor aa. ʒiiss., glycerine ʒv, chloroform—squibbs or Powers and Wightman—ʒiij. M. Use on a piece of flannel, well saturated. Re-apply as soon as the cloth becomes dry. Care should be taken that the chloroform specified is used or else you will be disappointed with results.

C. L. F.—Can you suggest a successful treatment for erysipelas? This disease, like all others in hands of the Eclectic physician, must be treated according to indications. There is one remedy which I believe will always find a place in the treatment of this disease—that is *veratrum*. It can be used both internally, in the usual size dose, and externally as a local application. For the latter purpose add ʒij to ʒiv of your *veratrum*, ʒij glycerine, water g. s a. d. Oj. Lay cloths saturated with this upon the affected part. Both the patient and yourself will be equally well pleased at the result.

Book Reviews

“Red Head.” By John Uri Lloyd. Illustrations and decorations by Reginald B. Birch. New York; Dodd, Mead & Co., 1903.

Among the thousands of books that are published every year there are comparatively few which really deserve a place among the lights of American literature, but the String-

town stories of Prof. Lloyd, have always been so unique in plot and quaint in language and characterization that we know we are to have a mental treat when a new one comes from the press. Under the Professor's clever handling the Stringtown folk have come to hold no mean place in our “Hall of Fame.” This community has so many qualities which are essentially peculiar to itself, and which people in general know so little about, that these novels, aside from being most entertaining are distinctly educational.

“Red Head” takes up a new phase of the life of these uncultured men of the mountains, i. e., the way in which feuds are started, carried on, and handed down from father to son. We, who believe ourselves somewhat enlightened cannot realize the feelings which prompt and foster a feud. It seems to us like a story of Medieval times and not of a people who are living and dying right at our own door. But Prof. Lloyd knows of what he writes and we can only read and wonder.

This story of “Red Head” hinges on the fighting out of the feud between the “Reds and the Holcombs.” After the opening of hostilities a member of one family shoots a member of the other family on sight and no gun powder is wasted. In a short time the two families are nearly exterminated, there only remaining one Red and one Holcomb. The one Red is a small boy but a brave one and filled with stubborn family pride. He steals away from his mountain home and goes to Stringtown, promising to return to shoot Holcomb when he is big enough to hold a rifle. The cruel circumstances through which he has passed serve to blight his boyhood. Morose and sullen, he stands alone among his play fellows, a pathetic reminder of his family's history. In the drawing of this character Prof. Lloyd shows his mastery of the pen.

The love story of the book is pure and human, the characterization is essentially

able, the plot is strong and holds the interest right up to a most unique climax which is especially well handled.

Prof. Lloyd is fortunate in that the artist, Mr. Reginald Birch, has been so successful in his illustrations. He has made the book one of the most beautiful that has been published this year.

G. I. T.

Items

Dr. G. E. Holmberg has presented to the college a magnificent magic lantern.

Dr. O. W. Sutton, of Bath, N. Y., one of the most popular eclectic physicians in the State, has been reappointed Post-Master of Bath by President Roosevelt.

A pleasant letter from Prof. Byron Clark complimenting the REVIEW informs us that his health is better and that there is a prospect of his *being with us* this winter.

Weary Willie has just returned from a three weeks' outing, looking fine and ro-tund. Duck shooting evidently agrees with him.

Dr. C. L. Wakeman, who is doing a fine business at East Branch, New York, in a recent letter says: "I am very much pleased with the REVIEW. I get some help from every copy I have received."

Read the advertisements both new and old. You may find the very thing you are looking for.

The Kings County Dispensary Association ball was a great success. We are sorry that more of the New York Eclectics were not present.

Our readers are asked to critically scan our advertising pages. If they heed this request their attention will doubtless be attracted by the unique "ad" of the Antikamnia Chemical Company, of St. Louis, Missouri. Any physician who is not practically acquainted with the therapeutic qualities of their preparation should immediately write them for samples. It will doubtless prove a wise and profitable procedure.

No better time to subscribe than now. Cut out the subscription blank to be found in the advertising pages and enclose it with your dollar. It will make you feel good to pay for the REVIEW and we can use the dollar.

Prepare your papers for the meeting of our State Society. Don't wait to write it on the trip.

Dr. W. J. Krausi expects to complete his work "Eclectic Practice in Genito-Urinary Diseases" this year. With his large experience in this class of difficulties and his fine knowledge of eclectic therapeutics we can expect a very practical volume.

We would call attention to the advertisement regarding LIGNOL. From what we hear of LIGNOL it appears to be a natural product possessing unusually active properties.

Being equal in germicidal action to a 1-1000 solution of bichloride of mercury and at the same time NON-CAUSTIC and NON-TOXIC, a wide field of usefulness is apparently upon for LIGNOL. We would advise our readers to carefully peruse the advertisement of LIGNOL and send for special literature and samples which THE GIRARD COMPANY, 1308 Sansom Street, Philadelphia, will doubtless gladly furnish on application.

THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

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Our College.

The repairs of the Eclectic Medical College, are, after some delays, at last completed, and it is with feelings of pride and thankfulness that we view its changed appearance.

Pride in having a college to which all Eclectics can now point as being one of the most complete and best equipped of any of its size in the East, thankfulness to the Dean and Board of Trustees that so much has been done for the amount of money expended. We feel that every dollar has been judiciously placed.

We trust that with the completion of the improvements of the college there will be a renewed interest in it, and in the Eclectic cause, not only by those residing in the city, but by those who have gone out to other fields.

We, who are here on the field of battle, realize the labor and self-sacrifice of the Dean and his colleagues in carrying on the good work amid so many discouragements, but we sometimes feel that some, who are more remote, hardly realize the benefits they are receiving from this college to which they owe so much. Do they always consider that, as the college stands so is their standing in their profession, and that, should the college fall, they would fall with it? We earnestly invite all interested in the Eclectic cause to visit our college and see its improvements, and we especially urge you, who have gone out from its walls, to make a pilgrimage to your Alma Mater, view the building in its freshness, receive the warm handshakes of the worthy Dean and his faculty, cheer their hearts by words of deserved praise, become imbued by their earnestness and enthusiasm, and then go back to your work with a determination to help in every possible way in the up-building of the college. Show your appreciation by sending us bright, earnest

students and we will do our best to make physicians and surgeons the peer of any.

Work with us loyally and faithfully and not only will the college prosper, but the day will not be far distant when we shall see the hospital we so much need.

D. N. BULSON, M. D.,

Rockville Centre, L. I.

Jan. 12, 1904.

The New York Eclectic Medical College.

The Eclectics of the State of New York are to be congratulated on the very creditable manner in which the managers of the New York Eclectic Medical College have cared for its interests, and prepared for their accommodation in the future. Without regard to expense, the trustees and officers of this institution have re-arranged, have added to, have, in fact reconstructed this institution, so as to make of it practically a new college. The front has been elaborated and reconstructed. A flight of broad steps extends across the entire front, that leads to a new entrance, over which, extending across the whole front of the building in conspicuous words is announced the title of the college. Inside the door, the visitor passes into an entrance in keeping with the expectations he forms from the face of the building. A roomy corridor, cleanly painted, with tiled floor, leads to the steps which, broad and of easy access, conduct him to the upper stories. And as he progresses from the first to the second floor, and on upward, he will find lecture rooms and ante-rooms, students' and professors' rooms, such as will impress him with the thoroughness of the work of reconstruction. The entire inside of the building has been newly painted, clean and white, the floors have been relaid of the best of hard wood, bronze chandeliers, recitation rooms, dissecting rooms, all in accord with the practical demands of the times. In the rear is to be seen a paved court,

newly cemented, extending to the alley. Take it all in all, and without ostentation, the New York trustees and officers have "done themselves proud," in thus presenting a building creditable to all concerned.

Now let Eclectics of the East, the whole East, fill the college with students. Not less than one hundred should matriculate the coming session. There is ample room, every facility necessary to a teaching college, and an enthusiastic corps of professors, earnest, qualified ready to do their share. As a visitor and an Eclectic, we are proud in behalf of our people, and because of this pride we rejoice with the alumni, the officers and faculty, the students and the Eclectics of the East, who are so finely served in the new college. John Uri Lloyd, in *Eclectic Medical Journal*.

Treatment of Pneumonia.

In the treatment of pneumonia it should always be remembered that one of the most important things to be kept constantly in mind is that the patient must not be *over-treated*. In my opinion over-treatment has caused many cases of pneumonia to terminate fatally that might have been cured by judicious management. In the treatment of pneumonia but very few remedies are needed, and the doses of these should be exceedingly small. In some cases bryonia alone constitutes the only internal medicament required. In others two or more remedies in combination or alternation may be needed, but large doses of medicine should never be employed in this disease—they often kill. If the temperature does not get above 102° F. let it alone—the indicated remedy will take care of it, but if it exceeds that point employ mild means for its reduction to the point named. The special sedatives—aconite and veratrum—are valuable drugs when indicated, but be sure that they are clear-

ly indicated before employing them. Some writers claim that veratrum is always indicated in pneumonia, but my experience in practice teaches me to the contrary. When not specifically indicated veratrum will kill just as surely as anti-pyrine or any of the other coal-tar antis will. I recently treated a severe case of pneumonia in which ferrum phos and kali mur, with libradol locally, were the only drugs employed, and the patient made a speedy recovery. Now, don't say that I go to homeopathic materia medica for remedies. The phosphate of iron and the chloride potassium are no more homeopathic remedies than they are Eclectic remedies. All good remedies are Eclectic remedies, for in my opinion Eclecticism constitutes about "the whole thing" therapeutic-wise. If you don't know that these salts are good pneumonia remedies look them up in Fyfe's *Materia Medica*, and he convinces that they fit many cases, especially in children. In the treatment of pneumonia I give as much attention to the heart and stomach as I do to the lungs. If I can keep the heart in a condition sufficiently good to give a fairly good circulation of the blood, and the stomach in a condition to receive four ounces of *very hot* milk every two hours, I always feel that my patient will recover and it is very seldom that I am disappointed in this expectation. The remedies most frequently indicated in pneumonia are bryonia, ipecac, belladonna, gelsemium, rhus tox, hyoscyamus, ferrum phos., kali mur., veratrum and aconite. Some one or more of the remedial agents herein named will be needed in every case of pneumonia, and if exhibited in accordance with their clearly defined specific indications they will enable the doctor to cure all curable cases. Locally libradol or compound powder of lobelia should be employed in every case, and renewed at least once a day. J. W. F.

State Meeting.

Elsewhere in this number of the REVIEW will be found a synopsis of the program which has been arranged for the coming meeting of the State Society.

It will be seen by a perusal of the same that some new features are to be introduced this year in the manner of presentation and discussion of subjects.

The principle object of such an organization as our State Society is the bringing together of information and experience by the various members of the organization for the common good of all.

It is the desire of the president this year to have the various phases of the progress presented in a logical and scientific manner and the above mentioned program has been with that object in view.

Furthermore we earnestly desire as the various members of the society are corresponded with and asked to take some subject in the list which has been assigned them that they will give such a request a hearty and prompt response in the affirmative.

Each member is also requested to select some subject in which he is particularly interested or informed and be ready to enter into its discussion after the principal paper on that topic has been presented.

Non-attendance at the meeting will not be considered an excuse for failing to present a paper on the subject assigned you.

Each one is desired to have his paper in readiness and if prevented from attending, to mail his paper to the secretary so that it can be submitted at the meeting and thereby prevent a break in the full presentation of any subject.

If each and every member will take hold of this matter and enthusiastically do his part, the meeting of 1904 at Albany will be a banner one in the history of our society.

EARL H. KING, M. D.

Pain as a Diagnostic Symptom.

Almost every departure from health—either above, below or from—is attended with more or less discomfort, which displays itself in a way that may be recognized by the keen observer.

Readers of medical literature are seldom taught to differentiate the kinds of pain in the various parts of the body, and to use them as a means to a more exact method of medication.

During the coming year we will present, in these columns, a series of articles which we trust may prove provocative of thought, as well as helpful in the curing of diseased conditions.

P. E. H.

Original Articles

Leucocytes and Specific Medication.

Editor of the ECLECTIC REVIEW:

It gives me pleasure to recognize in this definite fashion the regular coming of the REVIEW to my table, with its ever practical handling of medical topics which makes it of so much value to the practitioner. A busy fellow finds in a nutshell that which is useful and of available application and is not compelled to sift pages of academic speculations and columns of experimental laboratory findings to get a few hints or items of information.

I have noted occasionally in the columns of the REVIEW certain enthusiastic outbursts regarding the comparatively new doctrine of the specific action of medicines, and have perhaps glanced over them with the hasty eye of the sceptic or of the "old hand" who mutters beneath his breath: "Ah, these young chaps and their wonderful discoveries"! Still, I have long appreciated a specific relation in effects obtained by drugs such as atropine, aconite, salicin, quinia, phytolacca, cimicifuga, iodine and even some of the inorganics, having too often seen those

effects in so marked an expression as to compel a respectful confidence. But, was there a general law or principle that these effects conspired to establish? Ah, that I was not prepared to answer affirmatively, although I will confess that the wish that it might be altogether so has been nursed in the recesses of my medical thinking.

The eminently honorable and scientific academicians have turned a cool shoulder on this matter and occasionally the always convenient term "empiricism" escaped their lips if the subject were pressed upon their attention. Recently, however, some of them have begun to intimate a change of attitude and to speak of certain experimental findings which are remarkable for showing that when the right medicine is given it "goes to the right spot." I shouldn't wonder if I "carry coals to Newcastle" when I mention to you the showings of experiments recently made in France and announced by M. Labbe in the *Presse Medicale*. These experiments brought out the fact that the leucocytes are the medical purveyors, so to speak, of the human organism, since they act as vehicles for the transportation of medicinal substances to different parts of the body—not, however, in a general, hap-hazard way—but specially to the organ or tissue out of function or diseased.

Quoting a writer in the *Revue Scientifique* for December:

"But the leucocytes are not content with absorbing, rendering soluble, even assimilating certain medicinal or toxic foreign substances, they transfer them from one part of the body to another, and this is their greatest utility. It is the more so that the place to which they transport these substances varies according to circumstances. In normal conditions, that is, in health, the leucocytes carry the drug to the liver and marrow; in illness they carry it to the af-

ected parts—to the centers of irritation where the arrival of these leucocytes is most desirable. * * * Here there is a remarkable but natural, and in no way mysterious, electricity, by which the organism profits greatly. All we have to do is to discover the element that we should give to the leucocytes to act most effectively. We can depend upon them to carry iron to the blood-making organs, iodoform to tuberculous lesions, salicylate of soda to affected joints, etc. * * *

There is another fact to be taken into account. The leucocytes, it is true, carry drugs to affected points, *but they carry them also with special insistence to certain organs.*"

Please to note, gentlemen of the worthy union of Advocates of Specificity, the clause that I have italicized—how admirably it fits the principle you maintain. But further:—

"Different organs attract different drugs—the liver, iron; the thyroid gland arsenic and iodine; while the skin, the spleen, the lymphatic ganglia and other organs seem to constitute regions of choice for several chemical substances. This specificity of localization is known in the case of certain drugs—iodine, iron, arsenic—and we should be able to recognize it in all other medicaments. This knowledge would doubtless enable us to control useful action and, perhaps, also to avoid certain injurious forms of action."

Now, however we may regret the principle involved in the results obtained by the French experimenter, certainly our views concerning specific effects of medicines obtained, as they have been, through patient observation in treating functional and organic disorders, are pleasantly confirmed in the "scientific" manner.

The white blood corpuscles, those "watch-dogs" of the physiological economy, are the functioning agents, it would appear, in the scheme of distributing remedial elements, and intelligently carry the *right stuff*

when placed within their ready grasp to the *right spot* where it will do the most good. Now, too, that we have a pretty clear notion of how it is done, assurance is made doubly sure, and a really great advance in medicine established beyond cavil.

Yours sincerely,

H. S. DRAYTON.

Jersey City, January 11, 1904.

A Few Don'ts in the Treatment of Gonorrhoea.

BY HENRY J. BIRKENHAUER, M. D.

Read at the January Meeting of the Eclectic Medical Society, of the City of New York.

Don't take it for granted that when a patient complains of a urethral discharge, that he is suffering with Gonorrhoea; as the urethral discharge may be other than gonorrhoeal; it may be due to prostatorrhoea, cowperitis, spermatorrhoea, to urethral chancre, mucous, etc. Be careful to make a positive diagnosis of the case, by a careful and thorough examination, before you venture to treat it.

Don't use injections in the acute inflammatory stage of gonorrhoea, as much suffering may be caused, and damage done thereby. If you must use injection at least wait until the acute inflammation has subsided, and even then be careful that your injection is not too strong, especially if the ingredients of the formula have an escharotic action; many cases of stricture, epididymitis and orchitis have resulted from the use of injection. I prefer to use no injection at all.

Don't use any balsam or oil until all acute inflammation has subsided; for if you do, you will simply make a prolonged case of it. If the balsam or oil is used in the acute inflammatory stage, the discharge may be controlled to a degree, but will surely increase again as soon as the administration of the balsam or oil is stopped, if the case is one of specific urethritis.

Don't fail to see that the patient's bowels are moving freely. It is well in every case to give a saline laxative, if only in very small doses.

Don't permit your patient to drink a drop of any fermented beverage, until the case is thoroughly cured, and for a few weeks thereafter. Also instruct him to avoid highly seasoned and greasy foods, and to drink plenty of water.

Don't fail to inform your patient as to the danger of infection from the urethral discharge, explain to him the danger of conveying it to any mucous surface, especially the eyes. Absolutely forbid sexual intercourse until the urethral secretion is absolutely free of gonococci.

Don't permit your patient to sleep on too soft a bed with too much covering. The harder and cooler the bed upon which the patient sleeps, the less likelihood is there of his being troubled with chordee. For the same reason should everything conducting toward sexual excitement be avoided.

Don't allow squeezing or stripping of the penis or urethra, as this irritates and has a tendency to prolong the discharge.

Don't discharge your case as cured until you are positive that there are no more gonococci present, for if you do you will be money out of pocket, and instead of thanks, you may receive the curses of your patient.

Don't say that a gonorrhoeal case is cured, even if there is no apparent discharge, unless you have made a microscopic examination of the urethral secretion, and thereby proved to your entire satisfaction, that there are no gonococci present.

My method of making an examination of the urethral secretion is as follows:

I have my slide and cover glass, aseptic, ready to receive the secretion. I now take a bulbous bougie, aseptic, of fairly large size, depending on the size of the

urethra; this I pass into the urethra as deep as into the prostatic portion; I then withdraw it, with some of the secretion on it, and smear it on the cover glass, which is then passed, smear side up, 3 or 4 times through an alcohol flame which dries it; I then immerse it in a solution of methyl violet for a few seconds, and then wash in clear water, and examine under the microscope. This is a very rapid method requiring only a few minutes for its performance, when I have plenty of time however, I use first the methylene blue stain and then as a counter stain eosin.

New York City.

Zinc Sulphate—Its Internal Administration.

BY ALBERT L. KIRALY, M. D.

Read at the Meeting of the January Specific Medication Club.

Mr. Chairman and Fellow Specific Medicationists:

In presenting my paper upon "Zinc Sulphate" I do not desire to speak of its local or external application for I know that you are all thoroughly familiar with the use of zinc sulphate for those conditions, but its internal administration is rather rare, and my experience with it so successful, and the indications for its administration to my mind so clear that I decided to simply this evening take up its internal administration. Zinc sulphate is classed as astringent, emetic, tonic, nerve sedative and anti-spasmodic and from my experience I would add expectorant and alterative. I have had unusual success with it in bronchorrhoea, and I have never had a remedy that acted better in scarletina, anginosa, and diphtheretic sore throat.

Specific indications. — Tongue heavily coated, dirty reddish brown, with intense fetid odor; slight increase in pulse and

temperature, together with general cerebral disturbance.

Therapeutic administration.—In gastric catarrh with pain; in coughs with a fetid, stringy expectoration; in all eruptive fevers, accompanied by excessive mucous secretions, 3 to 10 grains in 4 ounces of water. Teaspoonful every three hours.

New York city.

A Case of Placenta Previa.

BY W. C. LOUIS, M. D.

Read at the December Meeting of the Kings County Eclectic Medical Society.

A few days ago I was called to the bedside of Mrs. C., a woman of thirty years and mother of a five-year-old child, who was in the ninth month of pregnancy and up to that time had enjoyed good health, but who on this day had lifted a heavy piece of furniture and at once experienced some darting pains in the region of the uterus, then felt a sudden gush, which proved to be blood. I found the patient very frightened and weak. Upon examination I found the clothing of the patient saturated with blood, and on inserting the finger within the cervical canal I could feel a spongy mass, which bled freely when irritated. The foetus was in the transverse position and the elbow could be plainly felt. As interference with the finger created quite a hemorrhage, I desisted from further examination, elevated the limbs and administered one drachm of fluid extract of ergot. This controlled the bleeding for the time being, but oozing continued all day. I returned at night, accompanied by Dr. Stoesser, determined to end labor, if the case warranted it. As we found, however, that the patient had had no labor pains, that the os was only slightly dilated, and that the presenting part was unusually high, and that any attempt to rotate the foetus into a more favorable position caused such an alarming hemorrhage that it did not presage well for the safety of

the patient, if delivery were brought about at that time, we determined to wait, and tamponed the vagina with borated gauze.

There was very little flow until four days later, when I was summoned to the patient in haste, as I was told that the patient had again had a hemorrhage. On my arrival I found the patient lying in a pool of blood and almost exsanguinated. I again administered ergot, tamponed the vagina once more and gave the patient a hypodermic injection of strychnia and digitalin. I at once sent for Drs. Stoesser and Heeve, in the mean time sterilizing both instruments and water.

Upon the arrival of Drs. Stoesser and Heeve we at once proceeded to deliver the patient, Dr. Stoesser administering chloroform. Upon removal of the tampons, the placenta was found partially prolapsed and protruding about one inch below the external os. The foetus was presenting R. O. P. showing that the expectant plan of treatment in this case was a wise move.

I first pushed the placenta back into the uterus and at once applied the forceps to the head, and thus brought it to the outlet of the pelvis, when the forceps were disengaged and removed. The foetus was expelled, dead, without injury to the perineum.

As soon as I had disengaged the forceps, I commenced to support the perineum, while Dr. Heeve made suprapubic compression. This was done not only to save the perineum, but also to control hemorrhage.

After removal of the placenta the uterus was irrigated with a one per cent. creolin solution, which we followed with a normal salt solution, finally as hemorrhage was still severe injected both a solution of warm vinegar as also a solution of adrenalin (1-1000) one drachm to one ounce of water.

As a matter of precaution a colpeurynter was placed in the vagina and inflated,

thus causing a clotting of blood and diminishing the hemorrhage.

We then instilled twenty ounces of normal salt solution by hypodermoclysis, as also 2 C. C. of P. D. & Co. aseptic ergot. I also injected 1-30 of strychnine sulphate and 1-50 of digitalin in a syringe-ful of spiritus frumenti.

The subsequent treatment consisted of 1-40 of strychnine sulphate and 1-100 of digitalin given every four hours, as also of twenty drops of the following mixture given on a lump of sugar every two hours:

R ʒi. Erigeron.

ʒi. Cinnamon. ana dr. i.

Alcohol ad ʒ. i.

The patient made an uneventful recovery.

Brooklyn Hills, N. Y.

Syrupus Rhei et Potassii Compositus.

BY JACOB VAN VALKENBURGH, M. D.

The compound syrup of rhubarb and potash, commonly called "Neutralizing Cordial," is known within and beyond the Eclectic School of Medicine. The physician that does not use it in his practice, would hardly be recognized as an Eclectic; in fact, his orthodoxy might be questioned. Eclectic physicians residing in country hamlets, remote from drug stores, usually make their own tinctures, syrups, etc. He is a pharmacist on a small scale from necessity. Many have special formulae. I have mine. I use the two following formulae for making the neutralizing cordial:

R Extracti Rhei Fluidi.

Potassii Bicarbonatis.

Spiritus Menthae Pip., aa ʒj.

Spiritus Menthae Vir. ʒss.

Spiritus Frumenti Opt. ʒvj.

Syrupi Simplicis ʒviij.

Aquae Purae ad Oij.

Misce. Dose ʒij to ʒiv.

This is made by adding the whiskey to the rhubarb, peppermint and spearmint:

then dissolve the powdered potash in nine and a half ounces of hot water, and when cold add it to the above articles; then add simple syrup to make a quart.

R Ground Rhubarb Root-course.

Spearmint Herb.

Bicarbonate of Potassium aa ʒiij.

On this pour four pints of boiling water; let it macerate two or three hours in a warm place; then strain, and while warm, add two pounds of granulated sugar. After the sugar is melted and the liquid cold; add two ounces of the essence of peppermint mixed with a pint of best old rye whiskey. Add, if necessary, simple syrup to make three quarts of cordial. Dose ʒij to ʒiv.

I regard this as the better formula of the two. Some use the bicarbonate of soda in place of the potash, but I prefer the latter. It dissolves the acid in the rhubarb better, and acts more favorable in acid conditions in the urine. The spearmint is an anti-emetic and very soothing as a diuretic. The formulas given differ from the ones in "The American Dispensary" by the absence of the golden seal and cinnamon. The fluid extracts of these can be added at any time when needed.

Neutralizing cordial is one of my favorite prescriptions in diseases of the alimentary canal attended with undue acidity, indicated by a white pasty coated tongue. The fathers and founders of the "Reformed Practice of Medicine," Beach, Morrow, Jones and others, made great use of it in cholera-morbus, cholera-infantum, diarrhoea and dysentery. Various agents can be combined with it to meet indicated conditions. In constipation, the addition of fluid extract of cascara, or podo phyllin. If an astringent is needed, add tincture of cinnamon. If a tonic and an astringent, add the fluid extract of golden seal. If the mucous membrane is irritated, or inflamed, add

sub-nitrate of bismuth. If defective secondary digestion exists, add pancreatin. If a stomach tonic is needed, add compound fluid extract of gentian.

From what I have written, the novice in medicine must not harbor the idea that I regard it a panacea for all the ills and diseases of the *prima via*. I do not. I know of no cure-alls. They belong to the "Patent Medicine Man." During forty-two years of active and continuous practice of medicine, I have used it frequently with beneficial results, and never with injury to a patient.

The skill of the physician consists in diagnosing diseases, recognizing attending conditions, administering the indicated therapeutical remedy, singly or combined, including moral and sanitary surroundings, and proper adjustment of dose as to time and quantity.

Sharon, N. Y.

Therapeutics

Edited by

JOHN WILLIAM FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

Baptisia Tinctoria.

The properties usually designated as alterative are possessed by baptisia in a very marked degree, and it has, therefore, a decided control over all abnormal conditions in which the influence of these properties is needed.

In all diseases of the glandular system baptisia is one of our most reliable remedial agents. In hepatic derangements it may well constitute a prominent part of the treatment, and in the various forms of stomatitis, putrid sore throat and scarlatina maligna it can be employed with confidence that it will render good service. In typhoid fever, and in dysentery, diarrhoea and inflamma-

tion of the bowels, as well as in all forms of disease showing a tendency to the development of typhoid conditions, baptisia is an efficient remedial agent. It also constitutes a medicament of superior merit in ulcerative inflammation of the stomach and bowels, and, in fact, in inflammation of any of the internal organs when there is evidence of ulceration, gangrene or mortification. In dyspepsia, accompanied by irritability of the stomach, with acid eructations, griping pains and looseness of the bowels, the evacuations being frequent, small and offensive, it is a most useful remedy. In scrofula and in cutaneous affections small and long continued doses of baptisia act in a curative direction, and in all low forms of fever, as well as in all cold and indolent states, its influence is markedly beneficial. Its emmenagogue properties are very energetic and of value in the treatment of amenorrhoea and vicarious menstruation, and in leucorrhoea it constitutes an effective local as well as internal means of relief. In pneumonia and chronic rheumatism it is many times useful and in erysipelas it is a most desirable remedy.

Locally it is a favorite medicament in erysipelatous ulcers, ulcerated sore mouth and throat, ulcerations of the cervix uteri, otorrhoea, sore nipples, mammary and other abscesses, and all affections having a gangrenous tendency.

Baptisia is said to be contra-indicated during gestation, but it does not seem that smaller than very poisonous doses have ever produced abortion. In large doses it causes nausea, emesis and catharsis.

Baptisia is alterative, emmenagogue, antiseptic, tonic and stimulant.

Among the many indications for baptisia the following are perhaps the most frequently met with: Dusky coloration of the tongue and mucous membranes; full and purplish face, like one who has been long exposed to severe cold; in typhoid condi-

tions with a continued moist, pasty coating on a tongue of natural redness; slick tongue, looking much like raw beef; stools looking like "prune-juice or meat washings;" dark, tar-like, fetid discharges, mixed with decomposed blood; livid or blanched mucous membranes; putrid secretions.

The dose of Specific Baptisia (or a good fluid extract) is from 1 to 10 drops, but it is usually employed as follows: \mathcal{R} Baptisia, gtt. v to xx, water, \mathfrak{z} iv; teaspoonful every hour or two.

Based Upon Etiology.

The abstracts which follow are taken from an able and exhaustive article by Dr. George M. Aylsworth, of Collingwood, Canada, which appeared in the January issue of the Medical Gleaner..

"Specific medication is the offspring of the Eclectic school. It is based upon experiment and observation in the first instance, and the Eclectic School has piled up a mountain of facts upon which its adherents depend for the treatment of disease, and of which they may well be proud. Their opponents deny the principle as well as the facts of specific medication, and demand a reason—Why? While such questionings should not be stifled, it is well to inquire if facts cease to be facts simply because we cannot explain them. The Eclectic might well turn querist and ask—Did quinine have no influence over malaria before Lavarán made his discovery? How does arsenic produce its remarkable alterative effects? and do we know how antipyrine reduces temperature?"

"The Eclectic, possessing a fortress in specific medication, has until recently rested satisfied, neither realizing its limitations nor attempting, except very occasionally, to show that his fortress rests upon a foundation of sound etiology. Because of this negligence specific medication has failed to overcome prejudice or to impress others as

it should have done, thereby limiting the usefulness of the magnificent truths for which the School stands as the exponent.

"The therapeutic astigmatism of the earlier Eclectics, pointed out a moment ago, while not surprising, was unfortunate, and is now passing away. For the time being, however, it prevented the great therapeutic truth for which they stand from making the headway it should. But, on January 4, 1902, the leading medical journal on the continent, in the dominant school, opened its columns for the discussion of Eclectic remedies. This partial failure of the early Eclectics was similar to that of the grand medical protestant, Hahnemann, who influenced the general profession immediately, more by the infinitesimals of his salivation or his dogma, *Similia similibus curantur*. His influence was, therefore, not an un-mixed good, for it swung the pendulum of progress too far, and generated therapeutic nihilism.

"So, too, the Eclectic School stepped in between the abominations of old school therapeutics of forty or fifty years ago and the absurdities of Hahnemann's infinitesimals, or their equivalent, expectant treatment, and formulated specific medication. This, of course, was an evolution, for its truth was too big, too good and too new, for many mortals to grasp instantaneously. Therefore, during the evolutionary process it shut out other truths. Thus, the pendulum of therapeutic progress is, by our leaders, pushed back and forth from one extreme to another. The rank and file of the profession, however, like the force of gravitation, are gradually, but surely, shortening the swing, and will ultimately bring it to rest at its normal center, specific medication.

"The writer proposes to show that this is the 'manifest destiny' of medicinal therapeutics, by calmly and dispassionately demonstrating (as he thinks beyond peradventure), that specific medication owes its su-

periority as a therapeutic system to the etiological truth, that *abnormal ganglionic nerve force must be present before disease can manifest itself by symptoms*. And specific medication endeavors to, and in many instances does, even now, remove these symptoms by directly correcting the abnormal action of the disturbed nerve centre upon which they depend, through the administration of drugs that possess the power so to do.

"Why we have not drugs that will specifically restore every departure from normal action of every ganglion is due simply to a want of knowledge, and not because the theory is false or the drug does not exist. This lack shows itself more in the need for a differentiation of the functions of the various ganglia than in the need for drugs to influence them. This is hard to disprove when you look at the many drugs which influence a complex function, and think how little has been done to differentiate their therapeutic effects. As an instance, we have *cimicifuga*, *caulophyllum*, *viburnum*, *senecio*, *aletris*, *helonias*, *pulsatilla*, etc., each having a specific influence over women's sexual organs, and the best effort to differentiate their therapeutic effects the writer has seen is that of Finley Ellingwood in the *Alkaloidal Clinic* of November, 1901. But in the opinion of the writer, while it is probably the best effort in that direction possible at the present time, it is very imperfect, because it does not indicate which of the various ganglia controlling this innervation is influenced by each remedy. How easy to point to the list of drugs, *veratrum*, *aconite*, *cactus*, *strophanthus*, *crataegus*, etc., that undoubtedly influence the cardiac ganglia, and how little has been done in the way of differentiation in their use.

"In any event the writer believes that Eclectics will not be permitted to rest on their laurels. They must continue to push

the car of medicinal therapeutics up the steeps before them until the heights of ganglionic differentiation and drug adaptability are scaled, lest outsiders do it for them, and rob their school of its glory.

"To procure a fair field in an effort to convince each unprejudiced medical man in every school that the position occupied by specific medication is impregnable, its boundaries and limitations must be strictly defined. It must therefore be premised that it can only be compared with other systems of therapeutics when confined to the administration of drugs. Specific medication has nothing to do with local applications, surgery, sanitation or hygiene. It finds the results of bad hygiene and unsanitary surrounding and deals with what it finds. True, the acme of therapeutics is to remove the cause of disease, but specific medication has nothing to do with causes of disease arising outside the body. It meets the cause of disturbed function within the body—*abnormal innervation*—and by direct action on that cause, removes it, thereby curing disease more promptly than other systems of medication.

"To support this statement, and to defend the thesis to the best advantage, it seems necessary to go to first principles and inquire:—

"What is a healthy human being? It is one in which every organ is normal and every function of every organ is normally performed.

"What is a diseased human being? It is one, having one or more organs abnormal, or one in which one or more functions of one or more organs are performed in an abnormal manner, or not at all.

"What are these deviations from the normal? *Stimulation, sedation, alteration.* Scudder's—Excess, defect, perversion—above, below, from.

"What are the functions of etiology and therapeutics? To point out how these de-

viations occur, and how they can be corrected when once established.

"If this be true, and it is also axiomatic that the removal of the cause of disease is the acme of therapeutics, it would seem wise to pay more attention to the functions of the ganglia and make more efforts to correct deviations from the normal in the nerve force generated therein before the occurrence of organic or pathological change. Just at this point steps in specific medication, backed up by great knowledge, and endeavors to cure, and, in many instances, does directly cure disease by correcting the abnormal action of the disturbed nerve centers upon which its symptoms depend. It does this work by using drugs that observation and experiment have shown to have the necessary power.

"Is all this true? Does the stimulation, sedation or alteration of functions of individual ganglia induce functional and pathological changes in the organs they control? Have we drugs which select one or more of these ganglionic centers and act upon them in preference to the rest of the organism? And can these drugs be utilized for the cure of disease?

"If the stimulation, sedation or alteration of individual ganglia does not form the warp and woof of disease in a majority of instances, will some one explain why conjunctivitis occurs without corneitis, and iritis without either? why tonsillitis occurs without laryngitis and *vice versa*? why pericarditis occurs without endocarditis and angina pectoris without either? why peritonitis occurs without mucoenteritis and colic without either? In fact, why disease can occur in some one organ, as liver, kidney or ovary, without all of them being involved? For the remains of the humeral pathology—that the change induced in an organ by disease are due to the blood—will not bear the clear light of logical thought based on modern knowledge, inas-

much as the blood that one instant nourishes a healthy organ the next instant is passing through a diseased one, and *vice versa*.

"And if the control which each useful drug has over one or more ganglia does not form the right basis for drug therapeutics, will some one account for ergot producing tonic contraction of the uterus and viburnum relaxing it? Explain why senna produces painful contractions of the muscular coat of the intestines and colocynth in the minute dose relaxes it? Why belladonna dilates the pupil and opium contracts it? Why we see therapeutic results from ipecacuanha in the large bronchi and from tartarized antimony in the small bronchi? Why cactus, digitalis, craetagus, aconite and strophanthus exert an influence upon the heart; sabal serulata on the prostate; iris on the thyroid; mercury on the salivary glands; pulsatilla on the ovaries and testes; and phytolacca on the mammary glands? Why does jaborandi increase the secretion from many glands and atropa suppress it? Why does aloes spend its force upon the rectum and apis mellifica and cantharides select the urinary tract for their field of action? Why will grindelia squarrosa reduce an enlarged liver and polymnia uvedalia an enlarged spleen? and collinsonia remove irritation from the larynx and anus? Why does caffen act upon the cervical ganglia to relieve headache, dioscorea on Auerbach's plexus to relieve colic, jalap and sulphate of magnesia on Meisner's plexus to increase intestinal secretions, and copper arsenite to bring it to the norm?

"If it were not becoming monotonous, could not this form of query be applied throughout the list of effective drugs? Can any one supply answers unless they are based upon the hypothesis advanced by the writer?

"He therefore believes that just as the resisting power of the organism is weakened by a solution of continuity in the skin

or mucous membranes leads to the exclusion and removal of germs from wounds as their latest and undoubtedly their best treatment now known, so the resisting power of the organism is weakened by the sedation, stimulation or alteration of the nerve force generated in one or more ganglia through faulty environment should lead to specific medication. For specific medication is nothing more or less than a direct attempt to remove these deviations from the norm by drugs as the best treatment of disease dependent thereon."

Prophylactics.

In an instructive article on prophylactics Dr. Henry Reny, of Biddeford, Me., refers to the following among other interesting cases in practice:

On February 10, 1901, I attended Mrs. C., a primipara, during labor. At term violent convulsions set in during a pain, with other general symptoms indicating veratrum. I used cold applications on the head, gave five-drop doses of specific veratrum, then small doses as symptoms diminished. She soon became pregnant again, and two weeks prior to term I prescribed veratrum twenty drops to four ounces of water, and gave a teaspoonful every three hours as a prophylactic. She was confined on March 14, 1902, and in two hours gave birth to a good sized boy without any signs of convulsions.

These cases being generally habitual, the indicated remedy in a previous attack no doubt will act as a prophylactic in the same individual as it did in this case.

Now in conclusion, I will mention specific nux vomica, which has invariably prevented the severe habitual backache or lumbar pains during childbirth, so frequently present in these cases. I prescribe ten drops of the specific to four ounces of port wine. The dose is a teaspoonful before meals and at bedtime, and should be taken at least two

weeks prior to confinement.

Nux, prepared as above, is my sheet-anchor for the vomiting of pregnancy, and most all cases indicate the remedy. "Yellow coating on the tongue and sallowness of face," I direct the patient to take one teaspoonful of the above recipe three times daily, the first dose to be taken in the morning before rising, and if any nausea is felt between the times of taking the medicine to take a taste from the bottle."

Mutisia Viciaefolia.

Common name.—Chinchircoma, Scale Flower.

Natural order.—Compositae.

Part used.—The flowers.

Description.—This attractive plant has numerous long slender branches which are terminated by a single showy flower-head. The flower-heads are large and sometimes very long. Its leaves are alternate and either entire or pinnately parted, the midrib or petiole commonly extending into a short tendril. By means of the tendrils the plant climbs high and widely, and seems to select the densest and most thorny bushes for its support.

Dose.—Fluid extract, 15 to 60 drops.

Usual dose.—15 to 20 drops.

Indications.—Convulsive coughs; spasmodic coughs; nocturnal cough of phthisis; irritability in respiratory diseases; cardiac weakness caused by over exertion.

This agent has been employed with success in convulsive and spasmodic coughs, croup, acute bronchitis and hysterical conditions.

Mutisia viciaefolia is sedative and antispasmodic.

Acidum Sulphurosum.

Sulphurous acid is made by the addition of six and one-half per cent. by weight of sulphurous acid gas to ninety-three and one-half per cent. of water. It is a colorless

liquid of an astringent and acid taste. It absorbs oxygen from the atmosphere, which increases its acid character by the formation of sulphuric acid. To this action is ascribed its destructive action upon the lower forms of life.

It is a disinfectant, deodorizer and antiseptic, and is used both internally and externally.

Its specific indications are: Tongue broad, full, atonic, and of natural color, but coated with a dirty, brownish substance; or, as Prof. Scudder used to say, "It is the dirty nasty coat, but the base is of a natural red color."

Such conditions present themselves in febrile and zymotic conditions, characterized by feebleness and prostration. In typhoid fever we frequently have found it of marked service; also, in diphtheria. In the latter disease the symptoms are strongly indicative of a septic condition. The tongue presents the characteristic appearance, and the mucous membrane presents a full, relaxed condition. In this disease we have used it both locally and internally. In bronchorrhoea, as well as in pneumonia, when resolution is delayed, the expectoration is at times profuse and fetid. The tissues are full, relaxed and pale. In such a condition sulphurous acid has served me a good purpose. These same conditions present themselves at times in tuberculosis, when the same remedy should be prescribed. In thrush, aphthae, tonsillitis, or pharyngitis, it is of service when these peculiar symptoms present themselves. It is used locally in many affections of the skin, as, for instance, in scabies tinea circinnati and other parasitic skin diseases.

The dose is from five to sixty drops, well diluted.—Dr. W. N. MUNDY, Forest, O., in *Medical Gleaner*.

Olive Oil in Hemorrhoids.

"He who never sat weeping through the woeful nights, he knows you not, ye heaven-

ly powers!" I might well have exclaimed last year when, recovering from a severe and long-lasting inflammation of the bowels, I was seized finally with hemorrhoidal troubles. It was not so much the tumefied veinlets, as fissures in the anus, which after every evacuation continued their burning pains for hours, yea, often for whole nights. I can only compare it to the sensation of being impaled on a red hot steel passing through the anus. All the remedies recommended refused to act, until I finally took a clyster before each evacuation. I took a pint of luke-warm water and poured in about two tablespoonfuls of *olive oil*, which I first sterilized by boiling. The oil, of course, swam on top and therefore was injected into the anus. The effect of the *olive oil* was a double one: first, it covered the sore places with a protective covering, so that the feces could not produce their caustic action; then, also, the parts were lubricated for the easier and quicker passage of the feces, so that the skin was not irritated. After this protective measure the fissures quickly healed on using at the same time the remedies prescribed in such a case. We recommend this simple measure to all our fellow sufferers.—*The Homoeopathic Recorder*.

Ferula Sumbul.

Common names.—Musk Root, Sumbul.

Natural order.—Umbelliferae.

Part used.—The root.

Description.—The root of this herbaceous perennial plant is cylindrical, short, divided below into several long descending branches, and reach a diameter of four or five inches. Its flowering stem is erect, slender, glabrous, purplish in color, has ten or twelve branches in the upper half, and is usually about eight feet in height. Its root-leaves are much dilated, completely surround the stem at their insertion, triangular in outline, and about two and a half feet long. The

leaflets are opposite, somewhat ovate in outline and bright green in color. Its flowers are polygamous. The fruit is about one-half inch long by one-fourth of an inch wide. As found in commerce sumbul is in roundish pieces, which are transverse sections of the root.

Dose.—Fluid extract, 5 to 30 drops.

Usual dose.—10 to 15 drops.

Indications.—Spasms in nervous and muscular affections; hysteric conditions; epilepsy; asthma, and in all conditions in which there is exaggerated excitability of the spinal cord.

Sumbul constitutes an efficient remedial agent in many cases of asthma, hysteria and epilepsy, and in Asiatic cholera it is said to be superior to all other drugs.

Ferula sumbul is stimulant and antispasmodic.

In studying the effects of a comparatively new remedy it is unwise to combine it with other drugs. When combinations are administered it is not always possible for one to know which of the agents contained in the combination assisted in the cure of his patient. Positive knowledge of the effects of a drug can only be obtained as a result of employing it under circumstances entirely free from other influences.

In the January issue of the REVIEW an article on nux vomica was incorrectly credited to the *Chicago Medical Times*. It was an abstract from a very interesting paper written by Dr. Pitts Edwin Howes, editor of the Query Department of this journal, and read by him at a recent meeting of the Massachusetts Eclectic Medical Society. I feel that this correction is due my esteemed colleague.

Nervous exhaustion, accompanied by the accumulation of phosphates and hematin in the urine, calls for iron.—*Summary*.

Society Meetings

Society Calendar.

National Eclectic Medical Association. Meets at St. Louis, in June 1904. R. L. Thomas, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, April 7th and 8th, 1904. E. H. King, M. D., president; S. A. Hardy, M. D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. Wm. H. Russell, M. D., president; Pitts Edwin Howes, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th street. A. W. Herzog, M. D., president; W. L. Heeve, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; Dec. meeting at the office of Dr. Martin King, Brooklyn. H. Stoesser, M. D., president; J. A. Nordbrock, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. V. Sillo, M. D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thordike," Boylston street. A. W. Forbush, M. D., president; Pitts Edwin Howes, M. D., secretary.

Florida State Eclectic Medical Association.

The Eclectic Medical Examining Board and the Florida State Eclectic Medical Association will convene at Tampa, Florida, March 15, 1904, and a special invitation to the Eclectics of the North is extended to meet with them.

The call for the meeting is signed by Dr. G. P. Morris, president; Dr. S. Fred Smith, vice-president; Dr. H. J. Hampton, secretary.

Georgia Eclectic Medical Association.

The thirtieth annual meeting of the Georgia Eclectic Medical Association is to be held at Atlanta, Georgia, March 30th and 31st. A most interesting program has been arranged, divided into five sections, leading off with materia medica and therapeutics, as is proper and becoming in organizations that believe in drugs and their proper application. On Thursday evening, March 31st, the annual commencement exercises of the Georgia Col-

lege of Eclectic Medicine and Surgery will be held in the Assembly Hall of the "Kimball." The members of the State Society are invited and expected to attend the commencement. The exercises are to be followed by a banquet. The following officers are in charge of arrangements: W. M. Durham, M. D., Atlanta, president; C. N. Wilson, M. D., Maysville, 1st vice-president; J. V. M. Cain, M. D., Atlanta, 2nd vice-president; Geo. A. Doss, M. D., Moreland, secretary; W. J. Auten, M. D., Atlanta, treasurer. Censors: W. J. Houston, M. D., Decatur; R. M. Moore, M. D., Waleska; G. D. Blackwell, M. D., Atlanta. Committee on arrangement: T. L. Thomason, M. D., Atlanta; J. V. M. Cain, M. D., Atlanta; F. M. Young, M. D., Atlanta; G. Adolphus, M. D., Atlanta. The name of the president is sufficient to make us feel it will be a success.

Eclectic Medical Society of the State of New York—Program.

Chronic Gastric Catarrh.—Etiology and Pathology; Symptoms and Diagnosis; Medicinal and Hygienic Treatment; Electrotherapeutics.

Nervous Prostration.—Etiology and Pathology; Symptoms and Diagnosis; Medicinal Treatment; Suggestive Therapeutics and Hygienics.

Eczema.—Etiology and Pathology; Symptoms and Diagnosis of Various Forms; Internal Treatment; Local Treatment and Hygienic.

Cystitis.—Etiology and Pathology; Symptoms and Diagnosis; Complications; Medicinal Treatment; Local Treatment.

Endometritis.—Etiology and Pathology; Symptoms and Diagnosis; With Complications; Medicinal Treatment; Local and Surgical Treatment; Electrical Treatment.

Otitis Media Suppurative Chronica and

Acuta.—Etiology and Pathology; Symptoms and Diagnosis; Heeve; Complications and Local and Surgical Treatment; Herzog.

Special Papers and Reports of Original Investigations.

The Boston District Eclectic Medical Society.

Boston, Jan. 25, 1904.

The Forty-Third annual meeting of the Boston District Eclectic Medical Society was held this evening the The Thorndike, being presided over by the president, Lydia Ross, M. D.

After the usual dinner and the routine business, the secretary presented the following annual report.

To the members of the Boston District Eclectic Medical Society:

Your secretary desires, in accordance with the By-Laws, to present his annual report.

Another year has passed and the records of this society's actions are closed. It has been a year of profit for those who have participated in its gatherings. Our attendance has been better than the average, showing that the members appreciate their privileges.

Meetings have been held each month at The Thorndike, excepting July and August. Papers on the following subjects have been read during the year, viz., Gelsemium, Viratrum Viride, Dioscorea, Cascara Sagrada, Helonias and notes on the Assaying of Drugs and Galenical Preparations. These papers have all been valuable and their discussion instructive. They have appeared from time to time in the pages of the ECLECTIC REVIEW.

Drs. C. Edwin Miles, John Perrins, Nathan L. Allen, Granville R. Johnson, P. S. W. Geddes, Lydia Ross, William H. Russell and Pitts Edwin Howes, have reported cases during the year.

The Constitution, By-Laws and Regula-

tions of the society have been thoroughly revised this past year.

One new member—Granville R. Johnson, of Templeton, Mass.—has been received during the year.

As we commence the "New Year," may it not be with the determination, if possible, to be more loyal to the society and, endeavor to increase its roll of membership by all means in our power.

The Nominating Committee reported the following list of officers, for the ensuing year, all of whom were unanimously elected:

President, A. Waldo Furbush, M. D.; vice-president, W. A. Earle, M. D., secretary, Pitts Edwin Howes, M. D., treasurer, John Perrins, M. D., councillors, Drs. J. B. M. Dickens, Nathan L. Allen, P. S. W. Geddes.

By request the secretary read the paper on Helonias, presented at our last meeting, before its discussion, which elicited the following remarks:

Dr. Ross inquired concerning the use, by the essayist, of the terms fluid extract and tincture, what was there relative value? The secretary, in the unavoidable absence of the essayist, stated that he believed Dr. Furbush regarded the fluid extract and specific medicine as having the same relative strength and could be used in the same dosage interchangeably.

Dr. Perrins called attention to the fact that different physicians used different sized doses of the same remedy and that all received beneficial results. He was not ready to state the precise reason for this occurrence.

Dr. Allen said he believed that each practitioner was obliged to select his own dose. His experience with helonias had been quite extensive and the results were gratifying. He thought that it was extremely valuable in combination with other remedies. The helonias compound of Schlotterbeck's, being composed of helonias, senecio and avena sativa, had proved very efficacious in his

hands. He thought that there was a decided difference in the action of helonias and senecio.

Dr. Miles had been very much interested in the essay. The essayist's use of the drug was much broader than his own. In the early part of his practice he had used the alkaloid quite extensively. He stated that it was the best general uterine tonic that he used, especially in the anemic conditions of young girls where amenorrhoea existed.

He said it had a beneficial effect upon the sexual organs of the male. He had received much better results from the helonias than from the damiana so frequently recommended. He mentioned the syrupus michellas compound and said that he regarded it very highly. It had proved itself a valuable aid in many cases of sterility and also in frequent abortions, where they were resultant upon a debilitated condition of the uterine apparatus. He frequently prescribed this compound for those men who were suffering from sexual debility with good effect. It was also given in many cases of atonic dyspepsia combined with the hydrastis.

With the use of helonias, combined with pulsatilla, in mental diseases I have not had any experience but I can see where it would make a valuable combination.

Dr. Allen said he wished that there might be found some way whereby we could get the benefits which are derived from the use of the old fashioned infusions. He thought that results were obtained from them which could not be got from any other form of medication.

Dr. Ross queried if that result did not in some way depend upon the aroma which arose from the infusion. She cited the well known fact of cooks growing fleshy, while they remained very small eaters being satisfied, largely, by the smell of the food which they were constantly preparing. She thought there was an impalpable something which reached our patients from the infusions from which they received the benefit.

Dr. Howes had used the helonias quite extensively but his use of the remedy had been almost wholly as a uterine tonic. He was very glad indeed to hear the paper and the discussion and was sure that it would prove of benefit to him personally.

Dr. Ross said she desired to make one point before the discussion ended—and that was the peculiar richness of the Eclectic Materia Medica in pelvic remedies.

PITTS EDWIN HOWES, M. D.,
Secretary.

Eclectic Medical Society of the City and County of New York.

New York, Jan. 21, 1904.

The regular meeting of the society was held at the college parlors on the above date, President Herzog in the chair, W. L. Heeve recording. Thirty-four members responding to the roll-call. Visitors: Drs. Haas, C. W. Brandenburg and H. Dincin.

The resignation of Dr. Doll, due to removal to Buffalo, was read and accepted with regret.

Drs. Haas and Skou were proposed for membership.

The essayist of the evening, Dr. Birkenhauer, read a very interesting and practical paper entitled "A Few Don'ts in the Treatment of Gonorrhoea."

Under discussion, Dr. Krausi stated that in his opinion, 75% of sterility in females was due to chronic forms of gonorrhoea and 80% of impotency in males was due to the same cause. Also stating that gonorrhoea was possibly a blood disease, as gonorrhoeal arthritis and other constitutional symptoms or complications verify the assertion. In the subacute or latent stage where anaemia is present, he advises the following:

R Tinct. Ferri chlor. ʒss.

Glycerine ʒi.

M. Water q. s., ad. ʒiii.

Signa, ʒi three times daily.

In follicular inflammation of the glands

lining the mucous membrane, he advised the application of a 2% solution of silver nitrate to the part.

Dr. Boskowitz spoke of the dangers of latent gonorrhoea and repeated the remarks of Lawson Tait "*Syphilis might claim its thousands, but gonorrhoea claimed its tens of thousands.*"

The Dean stated that he fully agreed with the essayist in his treatment of the acute stage, adding large quantities of alkaline drinks, wearing of a suspensory and rest. In many cases the balsams irritated the stomach, these cases and 60% of all cases may be cured without resorting to balsams by agrimony, and gelsemium in early stage followed by:

- R Ex. staphisagria fl. ʒss.
Ex. collinsonia fl. ʒiii.
M. water q. s., ad. fl. ʒiii

in the second week. In the follicular glandular inflammation he recommended ex. hydrastis fluid twenty-drop doses internally and the non-alcoholic hydrastis locally.

In closing the discussion Dr. Birkenhauer called attention to the application of specific medication, as each case must need its own peculiar medication.

Dr. Krausi reported a case of rheumatoid arthritis presenting in a boy of twelve years of age.

The chair appointed as essayist for the next meeting, Drs. Toms and Bernstein.

Dr. Boskowitz announced the reception tendered by the trustees and faculty to be held at the college, February 19, 1904.

Dr. Bernstein announced the Beachonian Ball to be held February 28, 1904.

W. L. HEEVE, M. D.,
Secretary.

Dr. Mattos recommends buttermilk as a food-remedy for infants with acute or chronic gastro-enteritis, or with rickets.—
Summary.

Query Department

Conducted by

PITTS EDWIN HOWES, M. D.

Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

D. E. F.—Would you kindly suggest in the next number of the REVIEW—February—some of the Eclectic cough remedies, and their indications?

These remedies have been mentioned before, but a good thing will bear repeating. As it is the continual dropping which wears away the hardest stone, so it will be the continued reiteration of the Eclectic use of drugs which will gain for them the place which they deserve in the materia medica of all "schools."

Among the many cough remedies which are at the command of him who understands Eclectic medication, the more prominent are lobelia, bryonia, sanguinaria, dio-sera and ipecac. Lobelia is the remedy where there is fullness in the chest with an inability to take a long breath especially if the cough is tight. The spec. med. gtts. x—xx in aqua ʒiv. giving drachm doses of this mixture from every fifteen minutes to every hour according to the degree of tightness.

Bryonia is of especial value in the coughs of pneumonia and bronchitis. Its strong indication is pain on the right side and the character of the pain which accompanies the bryonia cough is of a sharp lancinating character—a typical pleuritic pain. Dose of bryonia is, spec. med. gtts. v—x, aqua ʒiv, giving of this preparation, 5 doses every hour.

Sanguinaria is of particular use in *chronic* coughs. Those coughs which have resisted medication of all kinds will frequently yield

to the influence of the sanguinaria, if given in small doses and continued for a considerable period of time. Use sanguinaria gtts. v—x in aqua \mathfrak{z} iv administering drachm doses every one, two or three hours according as the cough is more or less chronic. My experience has taught me that the chronic case will yield better to the small dose repeated at considerable intervals of time. I believe this is one of the *great factors* in the successful treatment of chronic ailments.

Diosera is the remedy *par-excellence* where the cough has the peculiar harsh hoarse sound which may be said to be exemplified by the cough of pertussis.

The cough for which this remedy is best adapted seems to be confined almost wholly to the throat. There is a constant sense of tickling which produces an incessant hacking. In these cases specific diosera in $\frac{1}{2}$ gtts. to a dose, administered every half hour will give great relief.

Ipecac as a cough reliever must be administered in small doses if you expect a favorable action. I rarely add over v gtts. of spec. med. to \mathfrak{z} iv of water, directing \mathfrak{z} j doses of this mixture to be given every half hour. The ipecac cough is of a loose character and yet the patient is not successful in expectorating to any great extent..

H. L. N.—Will you kindly inform me in the "Query Department," for February, to what extent pain is an indicator for the administration of drugs?

You are referred to the editorial pages of this number. There you will learn that this subject is to be treated quite extensively during the coming year. Any specific enquiry on this subject will receive prompt attention.

For seborrhea of the scalp or in acute lichen planus Dr. Crocker prescribes 20 to 60 grains of thymol in nine drams of olive oil.—*Summary.*

Selections

Milk: A Clinical and Bacteriological Study.

The author conducted an investigation during the years 1901 and 1902 for the purpose of gathering facts relating to the following points: To make a comparison of the results of infant feeding in tenements in winter and summer; to determine how far such results were affected by the character of the milk used, especially its original bacterial content, its preparation, and whether it was fed after heating or raw; to see to what extent results were modified by other factors, such as the care the infants received and the surroundings in which they lived. The paper is of considerable value, but its statistical character and its length render its condensation impossible. The authors summarize their conclusions under fourteen heads. We reproduce eleven of their conclusions in very greatly abbreviated form. During cool weather neither the mortality nor the health of the infants observed in the investigation was appreciably affected by the kind of milk or by the number of bacteria which it contained. During hot weather when the resistance of the children was lowered, the kind of milk taken influenced both the amount of illness and the mortality. The effect of bacterial contamination was very marked when the milk was taken without previous heating. The number of bacteria which may accumulate before milk becomes noticeably harmful to the average infant in summer differs with the nature of the bacteria present, the age of the milk, and the temperature at which it has been kept. Of the usual varieties, over 1,000,000 bacteria per cubic centimeter are certainly deleterious to the average infant. No special varieties of bacteria were found in unheated milk which seemed to have any special importance in relation to the summer diarrhoeas of children. The number of varie-

ties was very great, and the kinds of bacteria differed according to the locality from which the milk came. After the first twelve months of life, infants are less and less affected by the bacteria in milk derived from healthy cattle. Since a large part of the tenement population must purchase its milk from small dealers, at a low price, everything possible should be done by health boards to improve the character of the general milk supply of cities by enforcing proper legal restrictions regarding its transportation, delivery, and sale. Of the methods of feeding now in vogue, that by milk from central distributing stations unquestionably possesses the 'most advantages. The use, for infants, of milk delivered in sealed bottles, should be encouraged whenever this is possible. Since what is needed most is intelligent care, all possible means should be employed to educate mothers and those caring for infants in proper methods of doing this. Bad surroundings, though contributing to bad results in feeding, are not the chief factors. The observations indicate that close percentage modification of milk, although desirable in difficult cases, is not necessary to obtain excellent results with the great majority of infants.—W. H. PARK and L. E. HOLT—*Medical News*, December 5, 1903.

Finsen Light and Roentgen Rays.

The Finsen light is generally recognized as constituting the best known treatment for lupus vulgaris. In order to secure good results it is necessary to employ the large lamp used by Finsen. In lupus erythematosus the Finsen light, in our hands, has effected some improvement, but no cures. In certain cases of lupus vulgaris the Roentgen rays give most gratifying results. The Roentgen rays have certain distinct limitations in the treatment of cancer of the skin. The rays will cure practically all patients having superficial cancer, and some with carcinoma of the integument. But the majority of deep seated cutaneous and sub-

cutaneous growths do not do well. They may improve for a while and deceive both the patient and the physician, but relapse, and subsequent spreading are common. Buccal epithelioma and deep seated epitheliomas involving the lip had better be treated surgically and subsequently subjected to radiotherapy. The Roentgen rays are extremely valuable in acne, in which disease, the most brilliant results are obtained even in long standing cases. The Roentgen rays are of value in many cases of eczema. In psoriasis the effect of the Roentgen rays is but temporary. The Roentgen rays find a large field of usefulness in dermatological practice. In addition to the dermatoses mentioned the rays have been found to be beneficial in sycosis, lichen planus, hypertrichosis, ringworm, favus of hairy regions, tuberculosis of the skin, mycosis fungoides, blastomycetic dermatitis, localized pruritus, etc. In the treatment of disease of the skin the liability to the production of a burn, with ordinary precautionary measures, is extremely slight.—J. F. SCHAMBERG, *American Medicine*, December 19, 1903.

Adrenalin in the Treatment of the Cardiac Toxemia of Pneumonia.

The writer Henry L. Elsner, M. D., of Syracuse, N. Y. (*New York Medical Journal*, Jan. 2 1904), directs attention to the appalling mortality of pneumonia due to the resulting cardiac toxemia. The prime factor in this disease is a toxemia with obstruction in the pulmonary circuit, leading to cardiac asthenia. Marked changes occur in the right half of the heart, with far-reaching degenerative changes in the muscle, heart-clots, and vasomotor paralysis.

Three remedies meet the indications presented by the circulatory changes due to paralysis of the vasomotor centers, the dilated condition of the arteries and the weakened heart. These are strychnine, digitalis and suprarenal extract or adrenalin, its active principle. Adrenalin acts on the heart

and blood vessels favorably; it does not act on the vasomotor center. Hence, it may be used to assist strychnine. When the vasomotor center is exhausted and blood pressure study proves the inefficiency of strychnine, adrenalin may still be administered, and in some cases which seem unpromising, when combined with the method of stimulation about to be suggested, we may carry the patient beyond the critical period to a safe recovery. Suprarenal extract, or adrenalin, has seemed to the author to act as a needed food in all infection where there is danger of myocardial degeneration. He reports a case of pneumonia, in a woman, the mother of five children, in whom it had been impossible to raise a continually lowering blood pressure with strychnine. The systolic blood pressure was almost immediately raised by the repeated administration at short intervals of fifteen minims of one to one thousand solution of adrenalin hypodermatically, and the patient was saved.

Puerperal Sepsis, Treatment Of.

The first indication in sapraemia is to empty the uterus and vagina of all decomposing material and to disinfect all the genital tract as well as possible. This having been properly done, the remainder of the treatment is purely symptomatic. Septic bacterial infection is a much more serious matter and an earnest endeavor should be made to locate, if possible, the seat of infection. The following general measures have been recommended: 1. The serum-treatment. The author has lost all faith in the efficacy of such treatment. 2. Hysterectomy. To be of any efficacy, in the author's opinion, hysterectomy must be done at once. There are few men, however, who would have the temerity to assert that hysterectomy should be done in every case of suspected sepsis. The procedure is therefore, only theoretically of any service. 3. Intravenous injections of germicidal agents,

sublimite or formalin, by intravenous injection, though neither of these agents is probably of more efficacy than a 1 per cent. saline solution.—E. E. MONTGOMERY, *American Medicine*, November 7, 1903.

Cough and Restlessness in Pneumonia.

Dr. W. J. Parker, truthfully states in the January *Medical World*, that "The season for pneumonia is here" and it may be of interest to our readers to know that he has found an excellent remedy for the cough and restlessness which are such distressing symptoms of this dreadful malady in antikamnia and heroin tablets. Each of these tablets contains five grains of antikamnia and one-twelfth grain heroin hydrochloride and the dose is one tablet every two or three hours according to the exigencies of the case, or at the discretion of the attending physician. We may also add, that Professor Uriel S. Boone of the College of Physicians and Surgeons, St. Louis, also reports most satisfactory results with this remedy in pneumonia, bronchitis and la grippe, particularly in relieving the accompanying spasmodic coughs and muscular pain.

Indications for Aconite.

In an excellent article on aconite in November, 1903, *Merck's Archives*, Dr. W. H. Blake, of Philadelphia, says:

Aconite is always indicated by a small, quick, hard, wiry pulse; although in some special cases other remedies may be even more advantageous. It is indicated for adults by a flushed face, chilly sensations, aching all over the body with quick pulse; and for children by a hot, dry skin, sharp, quick, hard, pulse; nervous, excited, perhaps frightened condition on awakening; and also by a hoarse, brassy cough.—*Summary*.

Dr. Fauldes claims that the fresh infusion of eucalyptus causes rapid lessening of the glycosuria in diabetes.—*Summary*.

Salicylic Acid.

Most of the salicylic acid of commerce is made synthetically. Isomerically, it is said to be identical with the salicylic acid prepared from oil of wintergreen. Practically, they are as different as any two things can be. The commercial salicylic acid has little therapeutic value. The synthetic acid is irritating, disturbs the stomach and does not give the same good results which first brought the natural salicylic acid and its compounds into notice.

The Wm. S. Merrell Chemical Co. of Cincinnati, make salicylic acid from oil of wintergreen, and their salicylic acid and sodium salicylate is all that it should be, and you get good results from its use.

We do not say this for the benefit of the Merrell Company. They do not advertise with us and we are not asking them to. We do not ask anyone to advertise with us who does not find it a good business proposition. But, the fact remains that the Merrell Company does make an excellent preparation of salicylic acid and that their sodium salicylate is all that the doctor can ask. Knowing this, is it not absolutely silly, not to say heartless, for a doctor to prescribe these drugs without specifying the make which he knows to be reliable?

What if it does benefit the Merrell Company? How does that make it unethical to prescribe a remedy which will do the work in the best way, relieve the patient and make him think well of the doctor? Is there anything unethical in patronizing a manufacturer who has enough confidence in the profession to make pure drugs?—*The Medical Brief*, October, 1903.

Methylene Blue in Malignant Malaria.

The use of methylene blue (medicinal) in malaria is not new. As is known, quinine has practically no effect on the crescent bodies met with in malignant malarial fever. It is these bodies which, when ingested into the stomach of the mosquito, undergo those changes which terminate in the formation of the germinal rods or sporozoites. These are carried in the body fluid of the mosquito to its salivary glands and are the actual source of infection in man. Hence the importance of finding some drug that will destroy them. Dr. J. M. Atkinson, of Hong Kong, China (*Lancet*, 1903, No. 4159), has recently been studying the effect of the internal administration of methylene blue on a Chinese boy suffering from malignant malarial fever. On examining his blood numbers of crescents were found; and as quinine administered for a week had not diminished these, on February 9, 2 grn. of methylene blue were given thrice daily in the form of a pill. On the 16th, after careful examination, no crescents were to be found in his blood. As the patient was now suffering from gastric disturbance, nausea, vomiting, etc., which the doctor thought might be due to the drug, it was discontinued. The blood was again examined on the 17th and 20th, and was found to be free from crescents.—*Mercks*.

For pruritus vulve Dr. Reeves recommends compound tincture of benzion or Friar's balsam, painted on undiluted, with a camel's-hair brush.—*Summary*.

Various forms of neuralgias, especially those of the intermittent type associated with anemia, are best treated by iron.—*Summary*.

Avena Sativa.

BY M. G. PRICE, M. D.

We have been aware for quite awhile that oats made splendid food for horses, swine and other beasts, and also on occasions we sometimes did not refuse a dish of oatmeal ourselves; but then there are other uses to which oats may be put to make an interesting story.

The history of *avena sativa*, although lately brought forward as a medicinal remedy dates far back into the past. Pling states that the Germans used it as food and that it was made into poultices and its decoction was good for cough. (Liv. xxii. chap. lxxix.) Dioscorides and Galen say the same. Stille claimed it to be one of the best articles of food that could be used by those suffering from constipation caused by irritation of the bowels and sedentary habits. Diuretic virtues have been ascribed to the decoction. An alcoholic tincture has been supposed to have a sedative action on the cerebral centres, and efficacious in chorea, epilepsy, insomnia, nervous exhaustion, alcoholism and the opium habit.

Of the tincture gtt. xx should not be exceeded unless the patient is thoroughly accustomed to its use, or the physiological effect of the drug will be produced which is announced by pain at the base of the brain. If this symptom should occur, withdraw the medicine for a day or two, then give in smaller doses. The tincture given in hot water during the day renders its action more rapid, and given in cold water at night renders its influence more extended.

There is made from *avena* a concentration called *avenin* whose dosage is not well determined, but one-sixth grain three to six times a day is recommended.

The selective influence of the drug is upon the brain and nutritive functions of the body, adding to the nerve force and

nutrition of the whole system. The influence of a single dose is promptly felt like that of any active stimulant but it is more permanent. "It is a stimulant, sedative and direct nutritive tonic, restoring the wasted elements of nerve force."

In neurasthenia it promptly relieves that unbearable occipital headaché. In general prostration from great anxiety and worry, it acts sometimes as phosphorus and frequently as satisfactory. In sexual neurasthenia it is our very best remedy, as it has a selective influence over the genito-urinary apparatus. In paralysis, paralysis-agitans, nerve tremors, chorea and epilepsy it has been found beneficial. In convalescence of prostrating diseases and during the asthenic stages of inflammatory and exanthematous disease and diphtheria it is as important and reliable as strychnine and quinine. In the local paralysis of diphtheria there is no better remedy. The hot infusion quickly determines the eruption of the exanthema to the surface. "It is a sovereign remedy in impotency." One writer in speaking of the drug says it has given him better satisfaction in the impotence of young, newly married men than any other remedy or combination of remedies. In the treatment of morphine habit it is a remedy of great usefulness. In regard to this, an eminent homeopathist says: "If no more than four grains have been taken daily, the opiates may be abruptly discontinued and the *avena* substituted. If more than this amount has been taken, withdraw gradually but you need not increase the amount of *avena* taken. When the amount of morphine has reached four grains daily stop it at once and give the *avena* in fifteen drop doses four times daily, in a wineglassful of hot water. At the end of a week the patient will find life quite bearable. No drug habit is formed by its use."—*Summary*

Mosheim, Tenn.

The Closing of Wounds.

Dr. Miles F. Porter, of Fort Wayne, Indiana, an excellent surgeon and a man of large experience, gives the following rules for the treatment of open wounds.

1. The use of sutures should be avoided save where necessity demands their use. Many wounds, in which sutures are now commonly used, may be coapted more perfectly, more speedily and more safely without the use of sutures.

2. Tension and moisture are the only conditions making sutures necessary.

3. When sutures are necessary, buried absorbable sutures should be used in all cases where there is no infection.

4. The necessity for drainage does not contra-indicate the use of adhesive plaster for purposes of coaptation.

5. It is doubtful if the use of non-absorbable suture material should ever be used with a view to its remaining permanently.

6. Non-absorbable sutures are not necessary nor advisable save in intestinal work and in the presence of sepsis.

7. In those cases in which non-absorbable sutures are necessary, that method of applying them should be chosen which will subject the tissues to the least possible trauma, produce the fewest possible avenues for infection through the skin, and permit of their being removed when they have fulfilled their mission.

Of course antiseptics are always of value and are required in every hospital.

Cleanliness and attention to surgical details produce results. Carelessness and neglect promote failure. Balsam of fir makes an ideal dressing if used sparingly.—*Summary.*

Cactus is of value in the cardiac palpitation and nervous irritability so common in females during the menopause.—*Summary.*

Items

Prof. J. W. Hamilton, M. D., of San Francisco, California, died Dec. 14th, 1903.

Prof. Edwin Freeman, M. D., of Cincinnati, Ohio, died Jan. 4th, 1904.

George Thompson, M. D., of New York city, died Feb. 2nd, 1904.

The Waite & Bartlett Manufacturing Co. have presented to the college a fine static and x-ray outfit.

The entertainment and ball of the Cosmopolitan Hospital Society on Jan. 30th, was a great success and reflects credit on Dr. Arvine Coleman, who is president of the association.

We have just received our first copy of the monthly journal known as "The American," volume I, No. 4. It is published by the faculty and students of The American College of Medicine and Surgery, Chicago, Illinois. It is an interesting number and contains some reprints of the writings of the earlier Eclectics.

The management of the REVIEW desires to extend thanks to its many friends for their promptness in responding to the call for a dollar.

Did you forget to send your dollar last month? if so send it now—don't delay.

Attention is called to the unique program for our State Society. We predict a most interesting meeting.

Not long ago a sensational article appeared in one of the Chicago papers in which the manufacturers of anti-toxin are charged with having formed a trust for the purpose of advancing the price, etc. The facts are that the manufacturers have agreed to place upon the market one strength of anti-toxin, when it has formerly been the custom to manufacture two strengths, known as "Standard" and "Concentrated," or X and XX. There is now but one strength of anti-toxin that will be placed on the market. This is the best quality of serum obtainable and in this quality in place of the prices being advanced they have been materially decreased.

In a recent conversation with Dr. M. Rosenbleuth he referred to the action of *Thuja Oxidentalis* in the treatment of chronic alcoholic gastritis. He uses it in half dr. doses three or four times a day. It controls the vomiting and improves digestion generally.

On Friday, February 19th, at 4 P. M., the trustees and faculty will celebrate the completion and occupancy of their building at 239 East 14th street. Addresses will be delivered by President W. R. Spooner, L. L. D. and Profs. J. H. Gunning, M. D., and H. C. Hinds, M. D. All are invited to attend. In the evening at 9 o'clock there will be a class reception.

Dr. Florence Tippet DuVall, corresponding secretary of the National, announces that on January 30th, a conference was held with the local committee of arrangements and plans completed whereby our people can obtain good entertainment at reasonable rates during the session of the National.

In a letter from Dr. R. Liston, Albany, N. Y., he reports the following case: "A young man, clerk, aged 27, for two years has used hypodermically large doses of morphine, $1\frac{1}{2}$ gr. in each arm, followed in an hour, if still sleepless, with another gr. At times has taken four grs. in an hour. I suggested a trial of *passiflora*. His first dose was 2 oz., "Daniel's Tincture," followed in an hour by 2 oz. more. He went to sleep, a good restful sleep, without unpleasant dreams, until morning. Second night the dose was reduced, and he has continued its use with gradually reduced doses until now, he is completely cured, all craving gone, and he looks and feels like another man. It is now some months since he stopped taking the *passiflora*, continues to feel and look well, and no desire to return to the drug."

Send for samples of Dr. Price's Wheat Flake Celery Food. Price Celery Food Co., Chicago, Ill.

Dr. John E. Hasson, of Bath, Stuben County, was recently elected coroner of Stuben County.

Trenton, N. J., Jan. 15.—Judge Dixon, in the Supreme Court, today set aside the conviction of Dr. Ernest of Monmouth County, an osteopath, who was tried on a charge of being unlawfully engaged in practicing medicine without a license.

Judge Dixon decided that the practice of osteopathy does not involve the administration of drugs, and therefore there had been no violation of the law regulating the practice of medicine.

Book Reviews have been crowded from this issue.

THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

VOL. VII.

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No. 3

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The State Meeting.

Attention of members of our State Society and of Eclectic physicians, generally in this State, is called to the announcement of our State meeting, which appears elsewhere in this number. It is the desire of President King that every Eclectic physician in this State should feel that this is a personal invitation to be present and read a paper or report a case.

This meeting is sure to be an interesting one, as our president's energy and enthusiasm is sure to make itself felt in every corner of the State. Remember the place and date: City Hall, Albany, April 6th and 7th.

Special Congratulatory Exercises.

Some will remember February 19th on account of the great storm, but Eclectics in this neighborhood will remember it as a day of thanksgiving and rejoicing.

The formal exercises to celebrate the completion and occupancy of our building were held that afternoon and evening, and in spite of the disagreeable weather the hall was crowded with friends and members of our Alumni Association. The Dean presided, and addresses were delivered by President Spooner, Professors Gunning and Hinds.

In this number will be found the addresses of Professor Hinds and President Spooner, and we regret very much that we cannot give in detail Professor Gunning's interesting and scholarly address, but we hope to in a future issue.

A "New" Remedy.

Another "new" remedy has recently been "discovered," but like most of the indigenous drugs discovered by our friends of the old school, it was extensively employed by Dr. Wooster Beach and others before the present "discoverer" was born, and for the identical purposes for which he so earnestly recommends it. *Sambucus canadensis* is this time the "new" remedy. In writing to the *Philadelphia Medical Journal* this "dis-

coverer" says that its use was first suggested to him by a patient who had failed to improve under his former treatment, and he then in part adds:

"I have been disappointed in the use of cathartics and diuretics for dropsical conditions. The amount of urine passed does not seem to influence the amount of fluid in the tissues. If water is withheld, the patient is as bad as ever when fluid is retaken. Fluid extract of *cambucus canadensis* in one-quarter to one teaspoonful doses, three or four times a day, comes as near being a specific as anything I have ever tried, whether the dropsy be due to heart, liver or kidney disease."

In commenting upon this discovery another eminent writer informs the *Journal* that he is pleased to be able to corroborate the "discoverer's" personal experience, and adds that the elder flower as a diuretic is favorably known in France! Of course *sambucus* is well known in France, and why should not a knowledge of its virtues have reached that country, as well as all other civilized communities, for the Eclectics have been spreading facts in reference to its efficiency for more years than most of us have lived. It seems a little strange, however, that American doctors should have to learn the value of elder flower from the French, when we remember that it has been successfully employed in America by ten or fifteen thousand physicians for many years. In closing his remarks the doctor in substance truthfully says:

"In interstitial nephritis, to diminish excessive arterial tension, when it is accompanied with threatening or annoying symptoms, an infusion or decoction of the bark seems preferable to the fluid extract prescribed by your correspondent. In some instances, no doubt, elder flower is more useful and less objectionable than nitro-glycerine or the nitrites, when employed for a similar purpose. Unquestionably, in a fair proportion of cases, in which the quantity of urine

is lessened and the specific gravity low, it increases both with advantage to the patient, viz.: It wards off menacing uremia and gets rid, in a measure, of serious effusions in the cavities and œdema of the limbs.

The fact of this writer being so well acquainted with the therapeutic effects of sambucus inclines one to suspect that he did not get all of his knowledge of the drug from the French. Possibly he has "discovered" some Eclectic work on *materia medica* and read it on the sly. Well, surely, some of our beloved brethren of the older school have ways that are strange.

J. W. F.

Original Articles

Nematodes in Children.

BY H. SCAISON, M. D.

It is not so very long ago, when the general belief existed, that a number of diseases of childhood, and especially those which are accompanied with impaired digestion, were caused by the presence of parasites in the intestines; nowadays, though this opinion has undergone a radical change, and the just question is brought forward, is there such a thing as worm-disease?

The experience that very often diseases were thought to be caused by worms where their presence was anticipated, yet their absence was conclusively proven, and, on the other hand, when a number of worms were detected, where they were least suspected and without having caused the least discomfort or inconvenience to the child, has taught us conclusively that the presence of intestinal parasites in children need not necessarily bring on conditions which could not be present were they absent. It would therefore be wise when diagnosing cases to bear in mind not to lay too much stress upon the presence of worms or the expulsion of same. For it has been proven, in fatal cases, where death was ascribed to worms, that some acute or chronic condition has existed, which,

per se, was enough to bring about the fatal termination of the case.

Considering the foregoing, there are, of course, no pathological conditions which would denote the presence of parasites in the intestines; yet there are some symptoms which necessarily accompany the presence of worms and leaves but very little doubt that they exist in the body.

The most ordinary symptoms noticeable when worms are present are malassimilation and impaired digestion, symptoms which were formerly set down as sequelae to the presence of worms, yet today are spoken of as conditions which must necessarily precede the formation of worms in the intestinal canal.

The question of the origin of these parasites has long been settled and is not, as formerly assumed, spontaneous generation, but an introduction from without of the ova of few nematodes and cestodes finding their host in human beings and are nourished and thrive at their expense.

The round worms, or nematodes, which are the most usual ones with which children are infested, have longitudinal, cylindrical bodies of ten filiform even in their attenuations by the heavy cuticular investment which carries, in some cases, small bristles, hooks or spikes, but which are consistently without appendages, and manifests surface striation, but never segmentation. Sexual organs are always present and they are oviparous.

The ova is introduced either by mouth, with food and drink, especially raw products from the field, or through the anus, as a result of uncleanness. The ova passes through the stomach into the intestines, and there the warmth and the moisture matures it and the worm is formed.

Once formed, they will multiply at a great rate, cases being on record where as many as three hundred lumbrici were found in a child, the multiplication being due to the deposition of the ovar of the existing

worms and the favorable condition in the intestines for their maturing and development. Most of the ova, though, passing through the rectum with the faeces.

ASCARIS VERMICULARIS.

The *ascaris vermicularis*, or thread worms, seek as their habitat the small intestines. They are very thin, whitish, and look as the name implies, like a piece of thread. They are of various lengths, the male is about a half inch long, the female twice the size.

They pass off with the excrements, but very often migrate by themselves through the rectum, and are found on the bed linen.

In girls, they will infest the vulva and also locate themselves in the vagina; will multiply there and give rise to serious disturbances. They will cause an intense itch, a slimy, very often menstrual-like, discharge, and unquestionably, excitation of the sexual organs is caused, leading to masturbation.

Their presence in the rectum causes a tenesmus and tantalizing itch, which is worse at night. The stools are covered with slime and blood streaked.

The number of thread worms which may be present may reach into the thousands, and, as stated, will migrate, through fistulous openings, to any part of the body. So will they enter the common duct and pass into the gall bladder or into the hepatic ducts, in which case abscesses of the liver may result.

ASCARIS LUMBRICOIDES.

The *ascaris lumbricoides*, or round worms, look very similar to the earth worm; is about 4 to 12 inches long and has at its cephalic extremity three wart-like protuberances, with the mouth between them.

They infest the small intestines and are often so numerous that they will actually occlude the intestines.

The usual symptoms, which would indicate the presence of these worms in the intestines, are identical with those of malassimilation.

The tongue is either thin and coated white, with reddish spots here and there, or else thick and coated dark; fetid odor from the mouth, especially in the morning upon rising; a tightness of the throat and a creepy sensation along the oesophagus; considerable thirst and increased appetite, or no appetite at all; flatulency, vomiting, grinding of the teeth during sleep, colicky pains after meals, distension of the abdomen, frequent micturition of very thin, light-colored urine, wasting of the body and uneven, irregular pulse.

Though all these symptoms are present in children of scrofulous diathesis, in marasmus and other similar diseases peculiar to childhood, and we only surmise the presence of worms, yet the correct diagnosis is borne out by the different facial expressions present in the status verminosus. These are: Pale face, alternated with sudden flushes, blue rings around the eyes, drooping of the eyelids and enlarged pupils, black ring around the mouth. You will also very often notice headache, epistaxis, tinnitus aurium, sneezing, hiccough and itching of the nose.

The latter symptoms we meet in hydrocephalus, but the intestinal disturbances are absent. Very often through reflex action upon the nervous system, sympathetic nervous symptoms are noticed. So have we partial convulsions which resemble epilepsie and St. Vitus dance, also aphonia, blindness, deafness and astigmatism.

Fever is rarely if ever present, and if so, it is generally due to some acute inflammation of the intestinal tract.

All these symptoms yield very readily to the usual vermi fuge treatment, and here I cannot recommend highly enough the different formulas given by Dr. G. W. Boskowitz in Fyfe's work on *Materia Medica and Therapeutics*.

NEW YORK CITY.

Aortic Stenosis.

BY A. F. STEVENS, M. D.

Aortic stenosis is a narrowing of the aortic orifice. It is due to adhesions of the segments of the aortic valve, or to thickening of the aortic ring, which causes an obstruction to the flow of blood from the chamber. Stenosis is often followed by valvular incompetency, hence the two affections often co-exist.

The most common cause of stenosis is sclerosis of the aortic valve with calcareous deposit. Rheumatic endocarditis may, by uniting the segments of the semi-lunar valve, cause a stenosis. As the segments become rigid or immobile the orifice is narrowed, hence the opposition to the free exit of blood from the heart into the aorta. The ring alone may be the seat of pathological change and the leaflets remain unaffected. The lesion is usually a part of a general sclerosis of the arteries which is apt to be most marked in the aorta near the heart. Males of advanced age are especially liable to aortic stenosis, because they are apt to suffer from atheromatous processes peculiar to the sex and the later period of life.

The symptoms do not manifest themselves for a long time after the onset of the disease, owing to the fact that compensation overcomes the opposing obstruction. So long as compensation equals the obstruction, no untoward symptoms rise. When compensation fails the symptoms of stenosis are manifest. Symptoms of stenosis make their appearance first on some unusual exertion, or when some depressing influence is at work. Sometimes the effects of tobacco or alcohol will develop the first symptoms of stenosis. The symptoms are due to a secondary dilatation of the left ventricle, which is unable to properly propel the blood into the arterial tree, and they manifest themselves by a disturbance of the circulation. These are: Anemia, especially of the brain and distance

parts of the body, and is followed by dizziness, headache, pallor and syncope. Maleolar œdema is common in stenosis. Owing to fibrous deposit on the segments, emboli are liable to be dislodged by the force exerted to propel the blood through the narrowed orifice. These are conveyed to the brain, spleen, kidneys or other internal organs which give rise to the symptoms that result from embolism.

On inspecting the thorax we find the apex-beat gradually displaced to the left and downward. This displacement is due to hypertrophy of the left ventricle, made necessary by the increased demands upon the ventricular muscle to force the blood through the narrowed aortic ring. The action of the heart is, as a rule, slow, heaving and the impulse-beat is forceful. It may, however, show enfeeblement, debility, a decreased area of impulse, due to an existing emphysema.

Palpation detects the force of the heaving impulse-beat. There is a marked systolic thrill, showing greatest intensity in the aortic zone. It may be detected in the region of the apex.

Percussion shows increased dulness to the left and downward, although this will be modified by the degree of emphysema present. The dulness is especially marked when the stenosis is accompanied by valvular incompetency and after compensation fails.

There is a murmur, systolic as to time, harsh, and audible at the second right costal cartilage where it joins the sternum. The sound is most intense at this point, but is transmitted upward along the carotids. After compensation begins to fail the murmur is not so loud nor harsh. The aortic second sound is diminished in intensity, owing to the lessened blood pressure in the aorta. If valvular incompetency is associated, a diastolic murmur is often heard, which gives rise to a double murmur; but the stenotic murmur overshadows the regurgitant sound, sometimes almost completely.

The pulse in aortic stenosis is small because of the diminished blood-stream. It is regular, not easily compressible and slowed in frequency of beat.

From the mechanism of the circulation in stenosis of the aortic orifice, we can readily comprehend the fact that it will require increased strength of the heart muscle to force the normal volume of blood through the constricted ring; hence to supply this increase of strength demanded there is developed an hypertrophy of the left. Hypertrophy develops slowly or rapidly in proportion to the progress of the stenosis. Undue muscular tension is apt to induce sclerotic changes in the mitral, which leads to incompetency at this orifice, when symptoms of this lesion will arise. Eventually, however, hypertrophy is succeeded by dilatation when mitral incompetency is almost sure to result. the symptoms of which will be given in the article to follow next.

The diagnosis of stenosis is to be based upon the following symptoms: A systolic thrill at the base; left ventricular hypertrophy; a rough, loud murmur, systolic as to time and heard at the right second cartilage. This murmur is transmitted upwards along the vessels of the neck; a tense slow pulse, small in volume. These, together with dizziness, headache, pallor and a tendency to syncope, will make up a pretty clear case for us.

The treatment resolves itself into that of protective mostly. Yet the medicinal treatment must not be overlooked, for we have remedies that will relieve many of the pressing symptoms and thereby act as curative to a certain degree. Stimulants which increase cardiac tension must be avoided if the patient expects to be benefitted by treatment. Hence alcohol, tea, coffee and tobacco are to be prohibited. Overeating must be carefully avoided, for a full stomach is not conducive to a comfortable condition of a stenotic heart. A laborious occupation should be exchanged for one that requires less ex-

ertion, as over-exertion is very unfavorable to the condition. Excitement of every description should be avoided, as it tends to increase the difficulty. Among the safe remedies I will mention only a few, and care should be observed in selecting remedies for the treatment of valvular diseases, as a remedy that may act advantageously under certain conditions will do damage under other circumstances. We must be careful of heart stimulants, for many a heart has been whipped to death. Among the remedies I think of, are, cactus, apocynum, crataegus lobelia and nux. Dr. Webster recommends very highly the calcium fluoride, especially in the early age. The indications for cactus are as you know, "unpleasant sensations in the precordia; fear of impending danger; irregular movement of the heart." Apocynum is indicated where there is fullness of the eyelids, swelling of the feet, etc. Lobelia is a good remedy when a sense of fullness and oppression of the chest is complained of. Nux will be of use in small doses in the later stage of the disease, when compensation begins to fail and increasing weakness results. The dose should not be sufficient to over-stimulate the organ, but merely to sustain it as much as possible. The calcium fluoride is said to arrest the disease in the early stage by "removing the morbid deposits about the endocardium and valves." There are other remedies with reputations in the treatment of heart troubles and a restudy of our materia medica will be in order when we meet with valvular difficulties; but as it is the aim in these papers to make the diagnosis as plain as it is possible in fewest words, I do not care to dwell on the treatment to any great extent.

St. Louis, Mo.

A foreign writer suggests as an infallible restorative in ether collapse one grain of camphor dissolved in olive oil, hypodermically.—*Summary.*

Senator Hanna's Case.

BY WALTER S. BOGART, M. D.

I do not understand upon what grounds a doctor can justify himself for administering stimulants—the most powerful known—to a sick man, who has within his organism such pathological stimulus as to present a temperature of $104^{\circ}\text{--}5^{\circ}$, a pulse of 120 and a respiration of 32, in connection with a declining age, which render these physical records only more portentous.

Several pertinent questions arise at this point. What good results could be hoped for by the use of "nitro-glycerine, digitalis, strychnia, oxygen, arsenic or saline solution?" Aside from arsenic, are any of these agents in the slightest degree curative? Arsenic is of little use itself, even when indicated. What indications for this agent could have been present in this acute case? It is absolutely certain that drugs never import vitality into the system. Nothing but food ingestion and assimilation can do this.

The course of Mr. Hanna's medical counsellors seems explainable by two hypotheses only. One is based on the fallacious assumption that medicine is food. Can any one connected with the case successfully contradict the statement that there is more power for elaboration of vitality offered in one dram of milk than in the sum total of stimulants injected? The other theory is the equally erroneous assumption of "tiding over." Isn't it quite a ponderous presumption for the physician to attempt to supercede nature? Doesn't the reactionary high temperature and pulse denote that nature has summoned all the powers of the system to elaborating all the vitality she can spare, to "tide over?" And can it be supposed for an instant that the patient *can* die as long as he has *any* vitality? I believe the only mission of the doctor is to *conserve* his patient's elaborating powers, and the only ways to do this are by the introduction of assimil-

able foods and the prevention of needless draughts upon the system. Thus, in the first instance, we dilute the infant's milk any necessary number of times in cholera-infantum to bring it within the child's powers of assimilation. In the second, we abstain from stimulating or antipyretic treatment (both being depressant in ultimate effect), and rely upon causal treatment. I consider it axiomatic that "no doctor ever cured any patient." That was, is and always will be nature's task.

Mr. Hanna was given stimulants. A stimulant is *always* a whip. Was not his organism being whipped enough without other stimulation? Again, *why* should succeeding reactions be surprising?

The doctors deserve credit for substituting alkaline baths for the usually given antipyretics to reduce the fever. Even so, the fever is physiological; it is nature's reaction; remove the action—the cause—and the reaction—the fever—will remove itself. I see nowhere in this case a hint of causal treatment. It is, of course, to be considered that Senator Hanna might have died under any known treatment—his age and overworked condition favoring that hypothesis—but these very conditions denote the early need in such cases of causal, rather than palliative, treatment, even if it did not appear that so-called palliative treatment is usually adversely augmentative in effect.

The treatment of this case, as well as that of a number of other prominent men who have recently died, clearly shows the urgent need of the universal adoptions of the principles which govern Eclectic medicine.

CLEVES, OHIO.

For phthisis, baptisia is a remedy that should not be overlooked; it diminishes the fever because it arrests the decay of the lung tissue which causes it; arrests formation of pus, ameliorates cough, and abates soreness and pain in the lungs.—*Summary.*

For The Eclectic Review.

Friend Boskowitz:

Thinking a few lines from this region, descriptive to a certain extent, may add to the vanity of your well ordered Journal, I take pleasure in penning them:

I left my home, Adrian, Mich., the 13th of January to spend balance of winter in the South. I stopped over a couple of days in Cincinnati to visit the old E. M. I. and incidentally to visit the Lloyd library, of which I had read and became interested. I was most agreeably surprised to find so valuable and varied a collection of volumes as are housed therein.

The building, neat in architecture, is of brick, three stories, and is owned by the Lloyd Brothers. A ring brought to the door the matron and presently the librarian, Mr. Holden, a gentleman well adapted to serve the interest of the library. Versatile in description and ready on a moments' notice to exhibit to the visitor any of the volumes it contains. From a prospectus of the library we learn that it is devoted to botany, pharmacy, chemistry and the allied sciences, and contains between fifteen and twenty thousand volumes and pamphlets on the subjects. Some of the volumes date four or five hundred years back, and all along down the centuries to the present. We were shown volumes hand made, and very rare, in excellent preservation, valued almost beyond price, that the Lloyds have secured by extensive travel and great expense, not for gain, but for science sake and for the glory of the public, to which it is now free and pledged to be finally donated.

Aside from the library proper, which is incorporated, there is an extensive collection of dried plants, neatly cared for and labeled, this department having been, and is still, supervised by Mr. C. G. Lloyd, which contains 30,000 specimens of the flora of almost the entire world, and about 5,000 specimens of fungi in alcohol.

When we consider the years of labor it has taken to collect and arrange this extensive collection without any expectation of any remuneration, and with outlay of capital running into the thousands, the Eclectic profession of America may justly feel proud, as, indeed, may those of all schools of medicine, for, as it now looks, it is destined to be of *service* continuously, as it goes without saying that the Eclectic school has the cleanest and most useful class of medicinal agents to which all schools come for supplies, nor is this written dogmatically or with a spirit lacking in giving credit to all who contribute to research and science, especially in developing the wonderful properties, medicinally, of the *materia medica* of today.

The Lloyds have an extensive wholesale drug house in Cincinnati, and manufacture the well known specific tinctures, by their special methods, in connection therewith. Special care is given in treating every herb, root, plant or vine, according to the requirements needed to develop all its properties, some of the vegetable *materia medica*, as is well proven, requiring manipulation while green or fresh from the soil, in order to get its medicinal effect and full virtue; gelsemium, that priceless remedy, being among such; for I have proven to my satisfaction that to be of full utility in fevers and inflammation it must be prepared from the freshly gathered plant, albeit that usually found in the market as fluid extract, and prepared from the dried plant or vine, while slightly febrifuge, does not compare with that specifically prepared, but seems to possess properties identical with that in other respects; for instance, in its dilating properties in stranguary, dysmenorrhœa, colic and passive congestions where pallor is a marked feature. I place in this same category stramonium, hyasciamus, lobelia inflata and numerous other of the flowering plants and vines.

I am stopping for the present at Ozona, on the west coast of Florida, about 250

miles from Jacksonville, southwest, and directly in the orange belt of Florida. This is the winter home of that venerable and staunch Eclectic professor, H. K. Whitford, so long connected with the Bennett Medical College, of Chicago, holding the chair of theory and practice of medicine therein, laterly emeritus professor. Here, indeed, "summer is and never dies."

Tropical fruits, as pineapples, oranges, lemons, grapenuts, bananas, etc., are grown here. Dr. Whitford has an inn here and nearby an orange grove, to which his friends are welcome.

We, Dr. Heaton, of Baldwinville, your State, and myself, are room-mates at the Doctor's inn and can certify as to the generosity of the professor and the quantity of his fruit. The location is on the Gulf of Mexico.

The State Eclectic Medical Society of Florida meet at Tampa, some 25 miles east, though much further by public conveyance, on the 15th of February, and we intend to be present and will duly give the REVIEW an account of the meeting.

I can in conscience add that if any are in pursuit of favorable winter climate, fishing, gunning, sailing, etc., this part of Florida is easily reached via Jacksonville and the Atlantic Coast lines. Rates for living reasonable.

Respectfully,

V. A. BAKER.

Ozona, Fla., February 10, 1904.

Address by Pres. W. R. Spooner, L.L. D.
(Delivered Feb. 19th at College Opening.)

The weather accorded to us this afternoon might seem to have been specially designed to favor us. It is not usual to regard a sky overcast with dark and threatening clouds as contributing to cheer and comfort, or in any sense a blessing, yet these conditions are on this occasion a positive advantage, for through the gloom the brightness of our reconstructed college building is even more

manifest than if we were assembled in the clear light of a sunny day.

Thus it has ever been with our cause. Lacking the adventitious aids which great endowments have conferred on other medical colleges, we have always had a devoted, able and competent faculty, ministering to classes composed of earnest thinking men and women, seriously intent on adequately fitting themselves for the practice of the medical profession. Consequently our classes, after graduation, have in steady succession sustained the proud record of invariable success before the Regents, a record of which this college alone can boast.

It has been a pleasure, therefore, to the Trustees to administer the fund provided by our friends in fitting this building, better than it has ever yet been, for the work to be done within its walls.

To our students, I say you have a better building, with better appointments, than we were able to give any who sat on our benches before you, and it is for you to evidence your appreciation by striving to do even better work than they.

To the faculty, I say you have always deserved far beyond what the trustees could provide, and the greatest pleasure the trustees have experienced in the reconstruction of the building has been the realizing sense that it would give to you the encouragement which comes from pleasant surroundings.

To our friends assembled, I say you are welcome, and we trust that your joy in inspection of the changes that have been wrought will equal the pleasure that we experience in opening our portals for you to come and see.

Dr. J. M. Taylor recommends menthol in collodion, or five grains each of carbolic acid and menthol in one-half ounce each of zinc oxide ointment and diluted white precipitae ointment for simple herpes.—*Summary*.

Address by Prof. H. C. Hinds, M. D.

(Delivered Feb. 19, at College Opening).

As a representative of the Alumni Association of the college I have been honored by the request to speak for the membership and to the graduates on this delightful occasion.

We are all glad today—glad for our college, glad for the dean and faculty, glad for our students and glad for ourselves.

This is a sort of jubilee but not quite the kind noticed by two old Scotch fishwives at the time of the Queen's Jubilee. One asked the other, "Do you know what a jubilee is"? "Of course I do," the other responded. "You see when a man and woman have been married twenty-five years they call it a silver weddin', and when they have been married fifty years they call it a golden weddin', but when the man is dead they call it a jubilee."

We are happy today because we have a renewed and recreated college building wherein our students may meet with more comfortable surroundings and better facilities for a complete medical education. Have we yet all we want and need? Not by any means, nor do we intend to be satisfied until we have secured still greater advantages.

But there is one fact in relation to *our* course of study which brightens all the facilities we *do* possess, and turns to pure gold what the students receive here. In our Eclectic College, lacking perhaps the brilliant paraphernalia and extensive furnishings of larger colleges we have a therapy that is worth more than all these adjuncts—a practice given by experienced teachers which *will* give, *does* give the grandest results at the bedside of the patient. We are taught how and when to use our remedies in the most successful way without lowering the vitality of the patient, but giving it support instead. It requires on the part of the student close

and patient study to learn the specific action and application of these remedies. But to whom should the acquisition of knowledge seem more desirable and worthy to be patiently sought after than to him who is entrusted with the health and life of his fellow man?

When our system of therapeutics is mastered, the physician has a capital which is a mine of wealth and honor to him. True, our system is not yet perfected. The science of medicine is still in many respects in an uncertain state. We have much yet to learn and more truths to be discovered in relation to the wonderful specific action of medicines. Our investigators are bringing us nearer and nearer to a state of perfection.

Perfection may be regarded by some as a utopian dream. At a certain lecture the speaker suddenly asked, "Has any one ever seen a perfect man?" A solemn silence followed. "Has any one ever seen a perfect woman?" A moment's pause and then a little patient looking woman in black arose in the back of the room and said, "I have heard of one! My husband's first wife! But she is dead now."

Perfection may mean to some bombastic talk; to others a distant star elusive, but beckoning the earnest student onward and still onward "*ad astra per aspera*."

Fellow graduates, what is our position today towards our college? What does it mean to us, her children? It means an unfailing and ever ready protection to our professional interests and our professional life. More or less powerful is this protection in the degree that we stand by her and uphold the institution by our influence. Shall we not try to bring the work already done nearer to perfection?

Our dean has labored faithfully, patiently, untiringly to bring about the reconstructing and refitting of our building and the finished results, we are here to see to-

day. All honor to the dean and to all who have aided in the accomplishment of this work. Now the college needs us, needs our support, needs its graduates to stand by the institution with our personal recognition and recommendation. To her daughters our Alma Mater calls in this Woman's Century for response from grateful hearts—cheerful response! because of ever open doors to all the privileges of its classes equally with her sons. Because the college has been ever ready to further the advancement and equality of women.

We have now a fine building, of which we are justly proud and where we can ask students to enroll their names, knowing that they will receive an honorable degree and a wealth of knowledge to use in their professional career.

Shall we not, each one, give our personal influence towards the growth and maintenance of the college? It is not money that is expected of us, though that is never undesirable or to be refused in our present financial condition. We ought to be jealous of outside assistance, feeling that her support is *our* duty, and while carrying her in our hearts, serve her as we are able.

It is this constant thoughtfulness of, and personal sympathy for, the welfare of the institution, that is so thoroughly appreciated and so welcome to those who bear the burdens.

Let us make earnest effort to enlarge the class of students and see to it that we are henceforth true, faithful and loyal children of our Alma Mater.

Scutellaria lateriflora is said to be a remedy especially deserving our confidence in heart affections resulting from rheumatism, and various heart troubles from obscure origin.—*Summary*.

Cactus is indicated in impaired heart action, whether functional or structural.—*Summary*.

Therapeutics

Edited by

JOHN WILLIAM FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

Modern Eclecticism.

Eclecticism of the present day, as understood by the writer, does not stand for any dogma, theory or belief that would in any way tend to confine its efforts to certain narrow or limited lines which may have been suggested or adopted by men who lived in a less liberal and a less advanced age. Eclecticism is today as broad as the universe itself, and by virtue of its breadth and liberality it not only possesses, but it exercises, the right to employ every and all means of relieving distress and prolonging human life. The good and useful of the past we remember, and by the experiences of the wise men of a former day we profit, but the world moves and Eclecticism must keep pace with its movements, or lose its position as a school of advanced therapeutics.

Eclectic physicians have added much to the world's knowledge of the nature and uses of indigenous drugs, and Eclectic pharmacists have discovered many new and valuable methods of preparing plants for medicinal use. These achievements entitle our school to great honor and credit, and the success of our practitioners affords an abundance of evidence of the fact that the superior attainments of the members of the Eclectic school are recognized and appreciated by intelligent people.

In view of the acknowledged breadth and liberality herein mentioned, and of the exalted position now occupied by the Eclectic school, it ill becomes an

Eclectic writer to accuse a brother practitioner of going to homeopathic and allopathic materia medica for remedies. The day for that sort of literature has passed away, never to return, and the writer who attempts to revive it will only belittle himself. It is not only the privilege, but the duty, of every physician to employ all such remedies as he deems efficient, regardless of the source from which they are obtained. Possibly the writers referred to do not remember that most of the drugs designated by them as "homeopathic remedies" were used in medicine long before the founder of homeopathy was born, and that preparations of a large part of the indigenous plants which they so glibly proclaim "Eclectic remedies" were employed in the treatment of the sick many years before the birth of Wooster Beach (the founder of Eclectic medicine) gave to the world one of its great benefactors of the human race.

Let there be peace, brothers, and let us congratulate ourselves on the fact that in our school an individual liberty which encourages individual investigation is recognized as essential to therapeutic progress.

Sanguinaria Canadensis.

In sanguinaria we have a drug of positive therapeutic power. In diseases of the throat and air passages it constitutes one of our most frequently indicated and most efficient remedial agents, and in rheumatic and other fevers occasions for its use are far from seldom. It is also useful in various forms of skin diseases. In functional inactivity of the kidneys, and in gravelly affections, it has frequently been found an efficient medicament, and as a means of promoting normal secretion from the serous and mucous membranes it is often employed in chronic pleuritis, peritonitis and other abnormal conditions. In conditions characterized by coldness

of the extremities, relaxed and pallid appearance of the skin, and extreme sensitiveness to cold, its power over the capillary circulation has caused it to become a favorite remedy. Asthenic forms of dropsy afford a favorable field for its stimulating influence over the venous, lymphatic and absorbent vessels and glands, and as a remedy in hepatic torpor, jaundice, chronic hepatitis, and other wrongs of the liver, many physicians esteem it highly. In pneumonia, influenza, bronchitis, asthma, whooping cough and other affections of the respiratory organs, it has long held its place among our most valued remedial agents, and as a means of favoring the development of the eruption in eruptive fevers small doses of sanguinaria are many times of a considerable service. Its energetic emmenagogue properties have caused it to also become a medicament of no little importance in all atonic conditions of the uterus.

Sanguinaria is stimulant, tonic, sedative, alterative, diuretic, expectorant, febrifuge, laxative, and, in very large doses, emetic and escharotic.

Among the specific indications suggesting the use of sanguinaria the following are perhaps the most frequently seen: Tickling sensation in the throat, or irritation of the throat with cough; bronchitis with increased secretion; atonic conditions of the stomach and bowels, with increased secretion of mucus; throat and air passages dry, hot and swollen; harsh and dry cough; sense of uneasiness and burning in the stomach, with nervousness; laryngitis with cough and tickling or dryness of the throat; respiratory diseases when the inspiration is difficult, and the throat and air passages dry, hot and swollen; sense of constriction in the throat with difficulty in deglutition.

Sanguinaria is usually prescribed as follows: \mathcal{R} Specific sanguinaria (or a good fluid extract) gtt. v to xxx, water \mathfrak{z} iv;

teaspoonful every one, two or three hours. R Sanguinaria nitrate, gr. i to ii, water, \mathfrak{z} iv; teaspoonful every two or three hours. R Sanguinaria sulphate, gr. i to ii, water, \mathfrak{z} iv; teaspoonful every two or three hours.

The Use of Narcotics in Infancy.

In depicting the results of quieting infants by the use of narcotics the *Philadelphia Medical Journal* in substance says:

"Mothers, especially among the poor, who have tried the different sedatives which are so easily bought nowadays, finally consult the doctor upon how best to quiet the baby, who is hardly still a moment. In almost all instances the child has been given some anodyne, soothing syrup, or other opiate, more or less regularly during a long period of time before the physician sees it. Its condition has by that time entirely changed. It is impossible to find the original cause of the crying, since the baby now frets continually until a few more drops of its narcotic mixture is given. Then it drops off into a dull sleep, soon awakening, as the drug wears off, to continue its shrill crying. Very little questioning suffices to elicit the history that some one, generally the mother, tired of hearing the constant crying, has been in the habit of drugging the child. If acute illness should develop in such an infant, the prognosis would at best be very unfavorable. While infants may need a sedative rarely, when the cause of the pain has been found and no other remedy is possible, most infants cry from colic, due mainly to disturbances in the stomach or intestines.

* * * * In their anxiety to quiet the baby, some mothers fall into drugging it in ignorance of the harm they are causing. In other cases the custom is taught parents by neighbors, friends or physicians. For it is a fact, unfortunately, that there are physicians who advise paregoric for crying infants, either without making an attempt to seek the cause, or when no cause can be found to ex-

plain the crying. The other remedies in constant use, anodynes, soothing syrups, and the like, also contain some opium, and any of these soon cause the habit. Habitually drugged infants frequently develop marasmus, as the original cause of the crying is usually some gastro-intestinal derangement. As this is in no-manner affected by the narcotic, it becomes chronic. Gastro-intestinal symptoms grow more marked, the baby loses weight, and a peculiar shrill, high-pitched cry is noted. It develops tremors of the arms, hands or fingers, which may become general. Finally, marasmus and death from malnutrition follow. This harmful practice, fostered by druggists, the child's relatives and some physicians, is widespread. Among all the evils to which the infants of the lower classes are subjected, this is one of the worst. When this is superimposed upon an unclean, insufficient food, administered too frequently, there is no wonder that death soon intervenes."

Scarlet-Fever—Caked Breasts.

An article written by Dr. E. R. Waterhouse and published in a recent number of the *Cincinnati Eclectic Medical Journal* included the following valuable suggestions:

"In the after development of scarlet fever thousands of children die. We find the cervical glands increasing in size, and the doctor tells us that an abscess is forming. At this juncture get out your hydrometer (urinometer) and test the specific gravity of the urine, and you will find it as low as 1003 instead of 1030, at which high point it should be while carrying off the products of the high inflammatory action that 'has been.' Further treatment should be perfectly plain to any thinking physician. Give acetate of potash, with specific phytolacca, and weigh the urine every time it is voided, and you will note the increase in solids, which will steadily rise until we get it to the desired point, when the potash is to be reduced to hold it where we wish it; and you will also

note substantial improvement in the worst cases in proportion to the increase of the solids voided. This will prevent suppuration in these glands, provided no pus has been formed at the time the acetate of potash was begun.

"Ammonium muriate is a specific in the treatment of threatened suppuration of the mammary glands of the recent mother. When the breasts become sore and caked, and we are looked to for immediate relief, how many of us are able to give this relief at once? Here you have it at once: Put an ounce of muriate of ammonia in a quart of hot water and wring out cloths from this and pack over the breasts, the cloths to be rewet as soon as they become cold, and you will be surprised how soon your patient is eased and the breasts softened. If the patient is feverish, give aconite and phytolacca along with the use of salammoniac. Doctor, don't forget this, but lay it up in some handy corner in your 'knot' where you will be sure to find it when occasion requires."

Aromatic Spirit of Ammonia.

This is a happy combination of drugs, forming a prompt and grateful nervous and cardiac stimulant, and is found exceedingly convenient and useful under many circumstances. It is made up of a solution of carbonate of ammonia in water and alcohol, to which is added appropriate quantities of cinnamon, cloves, lemon peel, and sometimes rosemary and nutmeg. The formula and mode of preparation can be seen in the dispensaries, and all druggists keep it in stock.

Aromatic spirit of ammonia may be given in doses of from ten drops to two drachms; and these doses may be repeated at intervals of ten, twenty, thirty, or sixty minutes, as required. It should be diluted with water before taken. In small doses it is a soothing ant-acid, and quiets nervous excitement in weak and feeble people. In large doses it is a powerful diffusible

stimulant, arousing the nervous system and increasing the force of the circulation. Where cerebral anemia or syncope is threatened, it is a certain remedy. In sunstroke, where the patient is suffering from nervous exhaustion, the circulation sluggish, breathing slow and labored, the lips livid, and the patient almost unconscious, one to two drachm doses of aromatic spirit of ammonia, diluted with hot water, and repeated every ten or fifteen minutes, will revive the vital powers of the system, and frequently save a patient that would otherwise die. And we find other cases of extreme prostration, or nervous exhaustion, where this measure is appropriate. In cases of shock from injuries it is the very best resort. In some cases of pneumonia, where the respiration is very much embarrassed on account of extensive hepatization, or bronchial obstruction, the
 giving small and feeble, the skin cold and clammy, lips livid, and the breath cold, nothing equals the aromatic spirit of ammonia in reviving the patient, giving a better circulation and improving or invigorating the respiratory functions.—*Dr. G. C. Pitzer, in American Medical Journal.*

Commercialism versus Exact Therapeutics.

The willingness, on the part of the profession as a whole, to prescribe the many heterogeneous compounds on the market, has two serious results; first, it encourages the manufacturer in flooding the market with compounds; and, secondly, it prevents the study of the single remedy. Twenty years ago the newspaper pages were filled with advertisements of St. Jacob's oil, Hostetter's stomach bitters, Ayer's cherry pectoral, wizard oil, Pierce's purgative pellets, and hundreds of such compounds appealing directly to the people. While the manufacturers made millions by such advertising, they had to meet the persistent opposition of the med-

ical profession. Now manufacturers have shrewdly and effectually overcome all this opposition by advertising compounds of the same character "to the profession only" through the medical journals. They are sampled to the profession by millions of samples through distributing agents. In all but a very few cases a formula is given—in some cases no formula whatever; and in not one case in one hundred can the preparation be reproduced by following the advertised formula.

Little by little the profession is getting into the habit of prescribing compounds to the exclusion of scientific single remedies.

This is commercialism to a most pernicious extent, as far as therapeutic progress is concerned. It is a complete bar to therapeutic advancement. It does away with the possibility of the rational study of the action of the individual remedy, and leaves the prescriber in the dark. The profession *will never know rational medicine* as long as they prescribe compounds. Those manufacturers who manufacture the single remedy and collect reports of its rational influence, are doing the profession lasting good. Those who flood the profession with heterogeneous compounds are doing an incalculable amount of harm, and are effectually clogging the wheels of therapeutic advancement on rational lines. They are encouraging the individual physician in carelessness and laxness in prescribing, in following empirical and routine methods to the exclusion of exact and specific measures.

The blame is not at all with the advertiser; he could not produce the drugs if the physicians did not freely prescribe them. The real blame is with the profession.—*Chicago Medical Times*.

Cactus is an excellent remedy for that peculiar individual the "cigarette fiend."—*Summary*.

Apocynum in Bright's Disease.

Dr. R. R. Paine reports in *Merk's Archives* a case of Bright's disease markedly benefited by the administration of fluid extract of apocynum cannabinum after compound jalap powder, elaterium, uva ursi, buchu and other means had been used without effect. There was decided œdema of the lower extremities and such marked ascites that the patient was unable to lie down; only six ounces of urine were passed in twenty-four hours. Eight drops of the fluid extract were given every four hours. Twelve hours after the first dose the flow of urine began to increase, so that in the next twenty-four hours the amount passed was one hundred and thirty-two ounces, and for about a week thereafter the daily excretion varied from one hundred and thirty to one hundred and sixty ounces. The ascitic fluid was by this time nearly drained off, and there was no œdema except a little below the knees. The dose was now diminished to four drops three times a day. During the administration of the full doses the pulse rate was reduced from 116 to 90; the patient could lie down and sleep comfortably, and the distressing dyspnea vanished and afterward gave no more annoyance.

Cocaine in Morphine Poisoning.

Dr. A. C. Barnes reports in the *Philadelphia Medical Journal* a case of morphine poisoning which presents several interesting features. A girl was employed in handling finely-powdered morphine sulphate. After a few hours the symptoms of typical morphine poisoning of a very severe type set in, with pronounced cerebral, respiratory, and cardiac depression. The usual restoratives were applied without much effect. Because its primary physiological activity is that of a descending stimulation, cocaine was then employed. One-half grain of the hydrochlorate was given hypodermically and repeated in half an hour. Although almost moribund, the patient ten minutes later

showed signs of returning consciousness, with increased pulse and respiration. As this did not seem sufficient, another quarter of a grain was given. This, however, was followed by signs of cocaine poisoning which subsided in a few hours, but were succeeded by stupor with slow pulse and respiration. The latter condition was successfully combated with coffee, forced exercise, etc., and the patient made a complete recovery from the effects of the poisons. Care must be exercised in giving the cocaine—half a grain at half-hour intervals until consciousness returns and the respiratory and cardiac functions are sufficiently aroused.

Echinacea.

In writing to the *Medical Summary* Dr. E. N. Ritter speaks as follows of echinacea in septic poisoning: "A man was poisoned a year ago while working in a tannery, from the liquid employed for tanning purposes. Suffered two months with a rash on the body. March 7, 1902, while at work in a tannery, received a medium sized wound on each hand from a rusty iron blade. Incision carefully cleansed and united by silk sutures. Union by first intention with no swelling. A solution of echinacea was frequently applied in order to keep the dressings moist and thus facilitate healing. The third day after the injury a rash, similar to the one a year ago, appeared all over the body. The peculiarity of this case is that both times his wife's hands and arms were also covered with a similar rash. When the rash appeared echinacea in fifteen-drop doses was given every hour; later every two hours. The itching was soon ameliorated. In five days the patient was walking about and feeling quite comfortable. Similar treatment was prescribed for his wife, and her second attack was also of shorter duration. I did not treat either patient during their first attack of poisoning.

"Echinacea is especially indicated in septic poisoning due to retained secundines. Some

time ago I was called in consultation, the woman, this being her second confinement, having high fever, rapid pulse, and a dark offensive lochia. Echinacea internally every two hours, with a chlorate of potassium douche twice daily. Out of bed on the twelfth day. After birth of first child was in bed ten weeks.

"I have used echinacea successfully in several cases of diphtheria, and now could not treat a case of diphtheria conscientiously without it."

Sublimate Poisoning.

Dr. H. C. Wood, Jr., in *American Medicine* reports the case of a woman, thirty years of age, who had been ordered a douche of 1:2000 corrosive sublimate to be used daily. The injection caused so much pain that, fearing that a mistake had been made, she applied for further advice, and was told to reduce the strength of the douche one-half. After the third trial there was severe pain in the loins, frequent painful micturition, loss of appetite, but no nausea or vomiting. The urine was of a smoky-red color, acid reaction, and contained 0.35 per cent. albumin. There were numerous red corpuscles, oxalate of calcium crystals, and some epithelial tube-casts, chiefly of the hyaline variety. The symptoms rapidly cleared up under diuretics.

Sebillotte studied the question of the absorption of drugs from the vaginal mucous membrane. He came to the conclusion that in case of bichloride poisoning absorption was from an abraded or lacerated mucous membrane. Practically the vagina had very slight, if any, powers of absorption. The case reported by Dr. Wood, however, shows that in some cases an intact genital tract may absorb mercury in sufficient quantities to produce toxic symptoms.

For ordinary muscular rheumatism, I give specific macrotys and specific bryonia. Thus, to a glass two-thirds full of water, I add

specific macrotys one or two drachms; specific bryonia five to eight drops. The dose is a teaspoonful every one to three hours, according to the severity of the case. If there is inflammation, I replace the bryonia with specific aconite, drops three to seven or eight, according to the needs of the case.

In cases where the patient is suffering from both muscular and articular rheumatism, I add specific phytolacca, drops eight to sixteen. The quantities named apply to adults. Diminish quantity with diminishing age.—*Medical Gleaner*.

At a recent meeting of the New York Society of Medical Jurisprudence, Dr. T. K. Tuthill declared that more inebriates were being made in one month by druggists who sold so-called tonics than all the liquor saloons produced in a year; and that it was appalling the number of women who were becoming the victims of drink without knowing it through the use of a popular "tonic" wine.

Compound tincture benzoin, adult, teaspoonful doses, beaten up with milk, and taken three or four times a day, is said to be an excellent remedy for bronchial affections, obstinate winter cough, etc.—*Summary*.

Ethereal solution of menthol 10 to 50 per cent., applied by camel-hair brush, averts boils, carbuncles, and inflammatory gatherings, and cures itching eruptions.—*Summary*.

Any acute pain in the head resulting from irritation of the trifacial nerve will be relieved by the inhalation of powdered salt.—*Summary*.

Society Meetings

Society Calendar.

National Eclectic Medical Association. Meets at St. Louis, in June 1904. R. L. Thomas, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, April 7th and 8th, 1904. E. H. King, M. D., president; S. A. Hardy, M. D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. Wm. H. Russell, M. D., president; Pitts Edwin Howes, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th street. A. W. Herzog, M. D., president; W. L. Heeve, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; March meeting at the office of Dr. J. A. Nordbrock, Brooklyn. H. Stoesser, M. D., president; J. A. Nordbrock, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. V. Sillo, M. D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thordike," Boylston street. A. W. Forbush, M. D., president; Pitts Edwin Howes, M. D., secretary.

The National.

The National Eclectic Medical Association will hold its thirty-fourth annual convention at St. Louis, Mo., June the 14-15-16-17 and 18, 1904.

The Need for Organization.—Never in the history of our school has Eclecticism wielded the influence in the medical world that she does today, and never before have her opportunities been so great, nor her need of organization so urgent, as at the present time.

The depressing effects of the coal tar products; the uncertainty of serum therapy; the failure of glandular extracts, and the large mortality in pneumonia are opening the eyes of a great many medical men to the fallacy of modern medication, and many are beginning to study our methods and remedies. The times are propitious for a great forward movement. If the thousands of our physicians would ally themselves with their State and National Associations, there would be such an impetus given to the cause as would be inestimable.

The Place of Meeting.—The eyes of the whole civilized world will be turned to St. Louis this year, in contemplation of the most stupendous and magnificent World's Fair ever held. The Fair occupies 1,240 acres, or nearly twice that embraced by the Columbian Fair at Chicago. Fifty million dollars will have been spent when the Fair opens its gates in April, and the "Ivory City" will be the marvel of the world. Every Eclectic in the United States should be there.

Headquarters.—The Association has made a contract with the Epworth Hotel Company to entertain three hundred or more at one dollar per day, European plan, two in a room, separate beds if desired, or if but one in a room, two dollars per day. We have reserved one hundred and thirty-five rooms on the second floor.

Our Association will be held in the Convention hall of the hotel, which seats six hundred people.

To secure these rates, the Association deposited one hundred dollars with the hotel company. If the required three hundred are entertained, the convention hall and committee rooms are furnished free, but if the number falls below three hundred, the Association is to pay fifteen dollars for the hall and committee rooms the first day (all day session) and ten dollars per day for each of the half day sessions. If three hundred are present, we get a rebate of the one hundred dollar deposit. If less than three hundred are present, the balance of the one hundred dollars, after deducting the price of the hall and committee rooms (fifty-five dollars), will be refunded. In order that we may know definitely how many will be present, I would urge every one who expects to attend to notify Dr. H. H. Helbing, No. 4,235 Belle Place, St. Louis, by card, how many will be in his party. These cards will be filed in the order received. If by April or May we find that we are not going to reach the three hundred, we can have friends join our party and thus secure the rates. To save the As-

sociation the one hundred dollars deposited it is necessary, therefore, to have three hundred present. Parties desiring to remain in St. Louis longer than the convention week can remain at Hotel Epworth at the same rates, provided they notify the Hotel Company some time in advance of the meeting.

Hotel Epworth.—It is the only safe, permanent brick hotel within easy walking distance of the World's Fair grounds. All other hotels in process of erection are of cheap frame and staff construction.

It is beautifully located three blocks north of the Fair Grounds on the corner of Melville and Rosedale Place (which is the continuation of Washington Avenue), on the highest point of land adjacent to the Fair, sixty feet higher than the principal palaces of the Exposition, giving a grand bird's eye view of the Fair and great City of St. Louis, within five minutes walk of the Administration and Convention entrances on the north side.

All points of interest in and about St. Louis are easily reached by the splendid transportation facilities radiating from Hotel Epworth. Five-cent fare to all points. It is easily accessible by electric and steam lines from the Union station and down-town points.

All conveniences of a first class modern hotel. All rooms outside, light, airy, comfortable, well furnished; iron beds with springs, high grade mattresses, feather pillows, etc., etc., electric lights, steam heat (for fall months), pure filtered water (from Missouri River), baths on every floor; rooms with private baths can be furnished; barber shop, laundry, news and book stand, apothecary, resident physician, telegraph and telephone service (long and short distance).

Dining room on ground floor. Meals served a la carte, price guaranteed reasonable; service the best. Box lunches may be obtained to carry into the grounds.

Roof garden, 21,000 square feet of floor space, canopied and brilliantly lighted at night. Ideal place for gatherings, services, etc. Perfect view of pyrotechnic display on grounds. Cool, restful, quiet. Assembly room on ground floor, six hundred seats, committee rooms attached available for Sunday and week day services, meetings, etc., etc. The character of Hotel Epworth and its guests, makes it an ideal World's Fair home for ladies without escort.

Time of Meeting.—The Executive Committee decided to hold the meeting one week earlier than usual this year, the week of Tuesday, June the 14th, as the weather in St. Louis after the middle of June is generally very hot.

Realizing that the World's Fair attractions will be irresistible, the Executive Committee deemed it the part of wisdom to hold only half day sessions after the opening day, and continue the meetings the remainder of the week. By this plan, the members of the Association can visit the Fair every afternoon and evening, if they so desire.

The first day, Tuesday, will be an all day session, the Association adjourning at 12.30 or 1 P. M. the remaining days of the week.

R. L. THOMAS, M. D., President,
792 E. McMillen St.,
Cincinnati, Ohio.

FINLEY ELLINGWOOD, M. D., Secretary,
100 State St.,
Chicago, Ill.

**Eclectic Medical Society of the State of
New York.**

Saratoga Spring, N. Y., March 14, 1904.
Dear Doctor:

The next annual meeting of the State Society will be held in City Hall, Albany, on April 6th and 7th.

It is earnestly desired that this should be made a banner meeting in the history of the organization, and the program, as well as all the other plans for the meeting, are being arranged with this end in view.

As has been published in the February number of the REVIEW, an innovation in the form of program is to be introduced which, it is believed, will meet with favor and be conducive to a profitable meeting. Those who have been asked to write on the various topics are showing much interest, and no doubt every paper will be valuable.

If you have not been directly asked to prepare a paper it is because there were not enough subjects to be assigned to everyone, but, nevertheless, you have something to do, viz: be prepared to discuss some subject on the program which is of interest to you or in which you may have had some valuable experience.

The only remaining requirement that is necessary to make this gathering what it should be is that each and every member shall be at Albany ready to answer to his or her name at the roll call.

You are personally urged to lay aside your regular work for these two days and come to Albany ready to extend a cordial greeting to your fraternal brethren. Thus, by coming prepared to impart the fruits of thoughts and experience which you may have had, and to absorb many which may be to your profit, you will be fulfilling a duty which you owe not only to the State Society, but to yourself.

With best wishes for a pleasant and profitable meeting, I am,

Yours fraternally,
EARL H. KING, M. D.,
President.

**The Boston District Eclectic Medical
Society.**

Boston, February 22, 1904.

The regular meeting of the Boston District Eclectic Medical Society was held this evening at "The Thorndike," being presided over by the President, A. Waldo Forbush, M. D.

The Treasurer presented his annual report—omitted at the last meeting—which

showed a good balance on the right side of the ledger. After other routine business had been transacted, Dr. C. Edwin Miles reported the following case: He said: I desire to speak for a little upon the subject of "Herpes Zoster." Not long ago one of the leading medical journals stated that Herpes Zoster was a disease of short duration and generally terminated without treatment; hence there was little use in attempting its discussion. A short time since one of the prominent physicians of Boston remarked to me that he had only seen two or three cases of Herpes Zoster during his professional career.

It has been my fortune to see a good many cases. Hardly a year has passed without my treating one or more who were suffering from this trouble. Regarding its being a self-limited disease, my experience teaches me to doubt the statement very strongly. It is an affection which is always accompanied with more or less pain, and sometimes this pain is intense.

The case I desire to present is that of a man 55 years of age. He is a man of fine habits, of a neurotic family and strongly inclined to exaggerate when ill. Last year he received an honorable discharge from the Boston Police force, after a service of twenty-eight years duration.

For many years he suffered very severely from gastralgia. It was evidently a pure case of neuroses. Nearly three years ago he began to experience pain in his legs, which was more or less of a rheumatic nature. He shuffled considerably when walking. Hence the query arose—Was not locomotor ataxia impending? It was for this reason that he was discharged from the police force.

I was called to see him on the 16th of July last, and found him suffering with intense pain in the left thorax, following down the brachial nerve. Diagnosed a case of intense neuralgia.

On the 24th of August the left thorax was covered with a thick eruption of Herpes

Zoster. With the appearance of this eruption, the pain in the legs ceased and he could walk without much difficulty.

I gave him quinine, gelsemium, antikamnia; painted the cervical region of the spine with iodine.

I believe that the starting point of Herpes Zoster is always in the spine and that the location of the eruption will indicate the portion of the spine which is affected.

Heat was applied, cold was applied, and at last was obliged to resort to the hypodermic injection of morphia to relieve the pain.

Early in September the eruption had cleared away. Still there was a tenderness in the cervical region of the spine, which was constantly painted with iodine. Phosphorus and other tonics were given. The pain did not return in the legs, although that in the thorax was as severe as when the eruption was present. There was no recurrence of the old gastralgia. He had the arsenic and large doses of nux vomica.

In January Dr. Allen saw him with me and we decided to use galvanism. Several years ago he had used the faradic current for a nervous trouble with much benefit. We commenced by the use of six cells, which were gradually increased to twelve.

He is getting about some; is coming down town occasionally; on the whole is rather improving. I saw him last about the 10th of February. He is not taking any medicine. His legs are commencing to pain him to some extent.

Dr. Forbush inquired if the patient had not passed urine very frequently. Answer—Yes, though there was no organic trouble. The urine had been examined by an expert, who reported no trouble except an increase of phosphates.

Dr. Forbush said he thought there must be a faulty condition of the kidney.

Dr. Perrins asked: What is the general opinion, whether the ganglia or the kidney was at fault? Answer—When the ganglia

is affected there is always an excess of phosphates. Dr. Forbush wished to know the character of the eruption and how it looked at its height. Answer—Redish base and elevated into little prominent points. Dr. Perrins asked if this disease ever appeared on the face. Answer—It can, and when it does it follows the facial nerve.

Dr. Miles, to illustrate how "Herpes Zoster" may come, described the following case which happened twenty-five years ago: A lady of middle age was attacked with severe pain in the abdomen which grew so intense that large doses of morphia was the only thing which gave relief. This condition continued for eight days and the patient became greatly exhausted. On the morning of the eighth day the abdomen was covered thickly with the eruption of "herpes zoster." From that time she began to improve and eventually recovered.

Dr. Forbush stated that pathologists tell us that every one of the elevated points of the eruption enclosed a little twig of the peripheral nerve.

Dr. Perrins asked if he was to understand, in the first case reported, that all the nervous trouble was the result of the herpes? Answer—No; the herpes was the result of a reflex action caused by the condition of the spinal nerves. The position of the herpetic eruption would indicate what portion of the spinal nerves were affected.

Dr. Allen spoke of the use of "arsenauro" in many of these nervous troubles. He had used it very extensively and it had served him well.

Dr. Forbush stated that in diabetic affections it was a most excellent remedy. He had used it in doses as high as 24 drops, three times a day, and continued for a number of days, pushing it to the stage of toleration.

Dr. Miles enquired what those symptoms would be. Answer—The same that you would get from any preparation of arsenic. Dr. Miles also asked how long it would be

in these diabetic cases before you would see signs of improvement. Answer—It depended very much upon the patient, some responding more quickly than others.

Dr. Forbush said that in connection with arsenic, he wished to speak of what Dr. Miles had taught him a number of years ago concerning the remedy. It was its use in atonic dyspepsia. Give one drop of Fowler's Solution in one tablespoonful of water the first thing in the morning. Follow it up and you would be surprised at what it will accomplish.

Dr. Forbush reported the following case: Was called to see a young lady who had been suffering for some time with gastralgia and had been unable to keep anything on her stomach. I gave her five drop doses of Fowler's Solution every hour for three doses in the morning on an empty stomach. The first thing which she retained was a Fleischmann's yeast cake. From this she gradually recovered. The arsenic was given as a neurotic tonic. After her recovery the bottom of her feet commenced to trouble her exceedingly, and in a short time they were covered with "herpes zoster." These I painted with elastic rubber collodion.

Dr. Howes reported the following case—not because of its rarity, but because of the results obtained: Was called to see a young lady with abscess of the left labia majora. Had it poulticed for twenty-four hours, when it was ready for the knife. She was placed under the influence of an anaesthetic. An opening about two inches long was made, from which was discharged at least two ounces of foul smelling pus. The cavity was washed out with hot water and four large pledgets of absorbent cotton, saturated with lignol—full strength—was placed therein. The next morning they were removed and the cavity was washed with a 1% solution of lignol and replaced with the absorbent cotton saturated as before with the lignol. This time only two pledgets were required. The next morning the same operation was re-

peated, and the cavity had become so small that the pledget could only be laid on the outside and the cavity had been obliterated. I have never seen any other preparation which would do such work so quickly.

Dr. Forbush asked what lignol was. Answer—It is a preparation made from fossilized wood and is made by the Girard Chemical Co., of Philadelphia, who, doubtless, would be glad to furnish any member of this Society with samples.

PITTS EDWIN HOWES, M. D.,
Secretary.

Kings County Eclectic Medical Society.

The regular monthly meeting was held at the office of Dr. M. B. Pearlstein, Feb. 15, 1904; Dr. Stoesser, presiding; Dr. J. A. Nordbrock, recording.

Dr. O. A. Perine, the essayist, presented a paper on "The Treatment and Care of Chronic Diseases Generally." It was listened to with marked attention, and a lively discussion followed, in which nearly all the members took part; and it was almost midnight before the Society was ready to adjourn. Upon motion the Secretary was instructed to invite the members of the Eclectic Medical Society of the City and County of New York to their next meeting, to be held at the office of Dr. Nordbrock, 1260 Jefferson Avenue, March 21st.

J. A. NORDBROCK, M. D.,
Secretary.

Eclectic Medical Society of the City and County of New York.

Thursday, Feb. 18, 1904.

The regular monthly meeting of the Society was held at the College parlors on the above date. President Herzog in the chair, Secretary Heeve, recording. Thirty-two members responded to the roll call.

Dr. Max Skow and Dr. Haas were unanimously elected to membership. Dr. J. Bernstein, the essayist of the evening, asked to be excused, owing to the incompleteness

of his essay. The chair sanctioned the doctor's wish and called the essay for our next meeting.

An invitation from the Kings County Eclectic Medical Society was read by the Secretary, asking for a conjoined meeting to be held at the office of Dr. Nordbrock, 1260 Jefferson Avenue, Brooklyn, Monday, March 21, 1904, at 9.30 P. M. It was ordered to be received and filed.

Under case reports, Dr. Boskowitz reported that in speaking to Dr. Thompson upon the case of elongated edematous uvula, as reported before the Specific Medication Club at their last meeting, the doctor suggested the application of Tr. Capisicum. The Dean applied the tincture as suggested, with most excellent success.

The floor was then extended to Dr. Pomroy, who responded with his usual flow of oratory, complimenting the society upon its progress and stated that it was impossible for him to attend regularly, but he always took a keen interest in its good and welfare.

Dr. Sillo reported a case proving the fallacy of McBurney's point.

The essayists for the next meeting are: "Fallacies of McBurney's Point," Dr. Hyde; "Pneumonia of Childhood," Dr. Bernstein. We then adjourned.

W. L. HEEVE, M. D.,
Secretary.

New York Specific Medication Club.

The regular monthly meeting of the club was held in the College parlors, Feb. 11th; Dr. J. Bernstein in the chair, Dr. Sillo, recording. Eighteen members answered to the roll call.

Dr. Shultz, the essayist, sent his apologies and regrets at being detained.

Reports of cases were called for, and Drs. Krausi, Hardy, Heeve and Sillo reported interesting cases which elicited an unusual amount of discussion.

Dr. Boskowitz announced the death of Prof. Thompson's father, and the Secretary

was instructed to forward a letter expressing the sympathy of the Society to Prof. Thompson and family.

Dr. Frederick Hollander was elected chairman of the next meeting, after which the Society adjourned.

V. SILLO, M. D.,

Secretary.

Query Department

Conducted by

PITTS EDWIN HOWES, M. D.

Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

H. E. D.—Will you please state in the March number of the REVIEW what will cure vomiting of pregnancy?

Perhaps this condition is one of the most complex and difficult to treat—at times—that comes under the observation of the general practitioner. What will cure one patient will be useless for another. What will relieve at one period seems utterly helpless at a different time. Hence it is necessary to have a variety of means to depend upon. Oxalate of cerium in one or two grain doses will do well at times. Two to five drops of chloroform in four ounces of water given in drachm doses every half hour frequently relieves. A tiny dose of ipecac. one or two drops to four ounces of water, giving teaspoonful does every hour, prove successful many times.

Nux vomica in minute quantities—the 1-20 to 1-5 of a drop—administered every half hour, will often be successful. Apomorphia 1-20 grn., aqua twenty teaspoonfuls—of this mixture give one drachm every fifteen minutes. Sometimes it acts like magic. Eating popcorn well salted has proved effective.

If all these methods fail, place the woman in the knee-elbow position, saturate a pledget of absorbent cotton with sp. tinct. o ipecac and place in contact with the cervix; repeat the operations once in twenty-four hours—this has been successful many times.

G. H. L.—Will you inform me through the columns of your "query department" if the Eclectic Materia Medica has any specific for "La Grippe?"

Eclectic medicine does not treat names, but conditions. In the disease specified these conditions may be so numerous that many different drugs may be needed to treat all the cases which may come under observation during a single season. There are, however, two remedies which—in my experience—have been more often required than any others. Those two are bryonia and gelsemium, given either together or else alternating. I usually combine them, adding bryonia gtts. v to x, gelsemium gtts. xv to xxx, to $\frac{1}{2}$ iv of water. In the early stage of the disease I direct the patient to take teaspoonful doses every half hour. The results have been gratifying.

C. H. T.—Do you ever use any vehicle for the cough remedies which were mentioned in the February REVIEW, excepting water?

Yes; I frequently make use of the following, and I have found it very beneficial: I make a compound syrup of equal parts of syr. tolu. scillae and pruni vig. Of this compound use one ounce to three ounces of water, adding whatever special cough medicine you wish. Try it and you will be pleased.

Ustilago maydis is claimed to be an excellent for spermatorrhœa impotence, excessive flow of the menses, etc.—*Summary*.

Dr. D. D. Hamilton, of Howard, Colo., says that lavage, on rising in the morning, does more for my dyspepsia cases than internal medicines.—*Summary*.

Selections

Law Does Not Require That Vaccination Shall Take, in New York.

Attorney-General Cunneen holds that the law requiring public school children to be vaccinated has been obeyed when a child has been inoculated with vaccine virus, even though there is no outward sign by swelling or soreness that the virus has had the desired result, and though a number of attempts upon the same individual do not take.

Book Reviews

A System of Practical Surgery, by Prof. E. von Bergmann, M. D., of Berlin; Prof. P. von Bruns, M. D., of Tübingen, and Prof. J. von Mikaulicz, M. D., of Breslau. Edited by William T. Bull, M. D., professor of surgery, College of Physicians and Surgeons, New York. In five imperial octavo volumes containing over 4,000 pages, with about 1,600 illustrations in the text and about 110 superb full-page plates in colors and monochrome. Sold by subscription only. Price per volume: Extra cloth, \$6.00; leather, \$7.00; half morocco, raised bands, \$8.50. Volumes I. and II. ready February 25th, 1904. The other volumes will follow rapidly. Lea Brothers & Co., publishers, 706, 708 and 710 Sansom Street, Philadelphia.

This will really be an encyclopædia on surgery, containing, as it will, reports of original research, pathological data, together with fine illustrations and descriptive texts by three of Germany's greatest surgeons. The American editor is also a very well known lecturer and author, and the publisher's reputations for fine work is unsurpassed.

THE ESSENTIALS OF MODERN MATERIA MEDICA AND THERAPEUTICS. By John William Fyfe, M. D., with Formulary by G. W. Boskowitz, M. D. 12 mo, 344 pp. Cloth \$2, net. The Scudder Brothers Company, publishers, Cincinnati, Ohio.

This is an Eclectic book and a good one. It is attractive, as all the materia medica books of this school are to all homeopaths who have been graduated from technique-inculcating homeopathic colleges. How many of the present day homeopaths are aught but eclectics in thin disguise? Take the notebook of the average graduate and see what he has carefully filed away for future use. A hundred or two special remedies for special diseases! And if there is anything special in eclecticism it is its specialism, its treating of diseased conditions, real and assumed, by specific medicines.

But Dr. Fyfe's book, patterned after the Essentials series of our own Dewey, is a good book, well written, well arranged, and well printed. His introductory chapter or preface, outlining the nature of materia medica in general and the principles of eclecticism in particular, is a little jewel of conciseness and interest as well as of information. His description of man and the presumed action of medicines, if not novel, is at any rate plausible and fills a want which homeopathic medicine fails to supply. For instance, he says: "Man's body is composed of cells and cell derivatives, arranged in such a manner as to act in harmony—the one cell aiding the other in its specific labor incidental to its position as a part of the organism we call man . . . in man cells function is largely controlled by the influence of the nervous system . . . each cell possesses the faculty of selecting that which is adapted to its individual use without regard to the action of the other cells. Upon this selective faculty of individual cells must we ever largely depend for the beneficial results of drugs, as it is owing to this selective

power that we are enabled to medicate certain portions of the body. Through this independent cell action certain structures or parts of the body possess a certain selective attraction for certain drugs, and as a result we are enabled to medicate the throat with aconite; the thyroid, mammary, and other glands with phytolacca; the lungs and pleura with bryonia; the heart with cactus; the stomach with ipecac; the liver with podophyllin; the spleen with polymnia uvedalia; the intestine with magnesia; the rectum with collinsonia; the uterus with cimicifuga; the bladder with gelsemium; the ovaries with pulsatilla; the prostate with sabal serulata, and the urethra with staphisagria."

We are tempted to launch out into our usual jeremiad on the threatened decadence of homeopathy upon seeing this excellent little book, and noting how similar its teachings are to much that goes for homeopathy in the colleges, and in many of our practitioners' practice at this day. Dr. Fyfe has given his brethren a fine book; and we put it on the same plane of excellence with Dewey in homeopathy. It is well written, as we have said; well reasoned, and will hold its advocates to the last. The book is arranged in alphabethical order of remedies. It is concise; it wastes no time or space in "unthinkable hypotheses"; it addresses itself on every page to the practical needs of the practitioner who is in medicine not for his own health. It is a small dictionary of the remedies discoursed upon, the form of the prescription, and the usual form of ailments in which it is acclaimed to be curative. As we have often said, were we not a homeopath, we would chose to be brother to Bloyer, Cooper, Fyfe, and a dozen other famous Eclectics, after whom we take the liveliest pleasure in reading. But we had a good introduction to homeopathy in the Old Missouri Homeopathic, and it is hard to teach an old dog new tricks, however taking. For general medical knowledge, for practical directions we believe this book would be of

service to the intelligent homeopath; but to the time-serving, surgical homeopath, or the homeopath limited, it would be a grave temptation.—F. KRAFT, M. D., in *American Physician*.

Items

We have received from Dr. O. C. Welbourn, of Los Angeles, Cal., an invitation to attend the opening and dedication services of the Deaconess Hospital, of which he is directing surgeon.

We of the East, desire to extend to Dr. Welbourn and the hospital authorities our congratulations and best wishes.

Bear in mind the date of the State meeting, 6th and 7th of April, at Albany.

Have your papers ready.

Dr. John McCarty, of Briggs, Texas, (Louisville Medical College) in giving his personal experience with this condition, writes as follows: "Ten years ago I had la grippe severely and every winter since, my cough has been almost intolerable. During January, 1902, I received a sample of Antikamnia & Heroin Tablets and began taking them for my cough, which had distressed me all winter, and as they gave me prompt relief, I ordered an ounce box which I have since taken with continued good results. Last fall I again ordered a supply of Antikamnia & Heroin Tablets and I have taken them regularly all winter and have coughed but very little. I take one tablet every three or four hours, and they not only stop the cough, but make expectoration easy and satisfactory."

The regular semi-annual meeting of the Texas Eclectic Medical Examining Board will be held April 26th and 27th, at Dallas, Texas.

The trustees and faculty of the Eclectic Medical College of the City of New York celebrated the completion and occupancy of their building at No. 239 East Fourteenth street recently.

The old structure has been reconstructed at considerable expense, making practically a new building. The ground floor has been divided into clinic rooms and will be used for dispensary purposes. The rest of the building is arranged in lecture rooms, amphitheatres and laboratories, making a small but model college building. About three hundred people were present, and great enthusiasm prevailed among the Eclectics. President W. R. Spooner, Dean G. W. Boskowitz and others spoke. In the evening the class tendered their friends a reception.—*New York World*.

The rapid pace at which the American people are living draws heavily upon the physical bank account. To withstand the demands of nature large quantities of food are consumed and in many instances proper time for digestion is not given. To retain health, elimination of waste products is as important as nutrition and the presence of rheumatism, gout, asthma, sore throat, lithemia, neurasthenia, etc., many times indicates that the organs of elimination are not properly functioning, and that waste products, especially uric acid, are being stored up in the system. In these conditions an eliminant and uric acid solvent is indicated and as a remedy which has stood the test of time and rendered most excellent services in these cases, Hayden's Uric Solvent is highly recommended. This preparation is a product of the laboratories of the New York Pharmaceutical Co., Bedford Springs, Mass., who need no introduction to our readers, but we mention it as it means "Standard of Merit." Write them for a copy of booklet "Human Laboratory."

Boericke and Runyon, the homeopathic pharmacists and publishers, have just issued a handsome little booklet containing portraits of homeopathic authors, together with a catalogue of their books. Write to them at 11 West 42nd street for a copy.

Dr. M. Scimeca, from Palermo, Italy, writes us announcing the recognition of the Eclectic Medical College of the City of New York by the Royal University. He states that this is the first New York Medical College recognized by the University.

The ball given by the Ladies' Auxiliary Society of the Beachonian Dispensary on Feb. 28th, at the Murray Hill Lyceum, was a financial, as well as a social, success.

For your convenience the subscription blank will be found among the advertising pages. Don't put it off, but send your dollar now.

If you have not had a sample of Dr. Price's Wheat Flake Celery Food, write to the Price Cereal Food Co., Chicago, mentioning the REVIEW, and a full sized carton of the food will be sent you.

Albert Leining, class '06, was elected Royal Fellow of the Beachonian Society.

Have you started your paper for the State Society? You cannot do yourself justice by writing it at the last moment.

The Beachonian Society has been very active this winter—lectures on medicine have been delivered by Professors Thompson, Herzog and Boskowitz. These have usually been followed by a pleasant "kaffe klatche."

THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

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The State Meeting.

Our State meeting, 1904, is a thing of the past, a pleasant memory to all who attended, and to Dr. E. H. King, our president, the success was due. It was the most successful meeting we have held in many years in every way except numbers. We have had better attendance; the desire to attend the "National" in June kept away many members who could not spare the time for both. If they attend the "National" we will feel that we have suffered in a good cause.

The business of the meeting was conducted with a promptness and decision that showed that our president was familiar with every detail of our work, that he had informed himself of the needs of the association, etc. The program of symposiums which he had arranged worked well and the afternoon and evening devoted to them and the president's address would have proved all too short, had not the debates been limited.

By resolution unanimously adopted the State Society extends to our "National" an invitation to meet in Saratoga in 1905. It was also decided that our next State meeting be held in New York City, the second Wednesday and Thursday in January. The financial report was most gratifying; all bills paid and a balance of three hundred dollars (\$300) in the treasury.

Commencement and Alumni Meeting.

The commencement exercises and Alumni meeting will take place on Friday, May 13th, and a cordial invitation is extended to all friends of the college to be present and enjoy the occasion with us, and inspect the building at 239 East 14th street. We know it will make all interested in the cause proud to find a modern, up-to-date and well equipped institution as the home of Eclecticism in the East.

Aborting Pneumonia.

Several articles have of late appeared in the medical press in which the authors claim to possess the power of aborting pneumonia. The writers of these entertaining productions may honestly believe that they can accomplish all that they claim to be able to do, but the physicians are numerous who find it difficult to understand how it can be possible for a doctor to *know* that he has aborted a case of pneumonia.

As the authors of the articles referred to will, undoubtedly, concede that pneumonia consists of three stages, namely, congestion, hepatization and grey hepatization, and also that congestion of the lungs frequently occurs when there is not the least indication of pneumonia, they surely must expect that their remarks will cause many doctors to feel an interest in knowing at what particular period of the pathological process the aborting is supposed to take place. If the disease reaches the stage of hepatization it surely cannot be claimed that the affection has been aborted. Possibly it may be limited to this stage. If it has reached only the stage of congestion the case is not yet one of pneumonia, and it is impossible for one to *know* that it will ever be more than a case of congestion. In referring to this subject the editor of the *Medical World* very pointedly remarks:

"Scarlet fever is different from cutaneous erythema; small-pox is different from 'Cuban itch'; diarrhoea is different from cholera; and congestion of the lungs is different from pneumonia. Congestion of the lungs may be but a symptom, or it may be the primary stage of a disease. Congestion is, in other words, an incident; pneumonia is an entity. We do not believe any diagnostician can tell, when he first examines a case of congestion, whether or not pneumonia will follow; nor do we believe any therapeutist can declare beyond cavil that he will prevent pneumonia following a case of congestion, where the conditions favor a further

extension of the abnormal condition. None of the authorities say more, despite verbosity or unproven assertions; hence further discussion would be useless. Treat your congestion of the lungs, when you get it, on rational lines; if you don't get pneumonia following, endeavor to be rational still."

It is true that in congestion of the lungs, as well as in some other abnormal conditions, symptoms often arise which cause the doctor to suspect the approach of pneumonia; and it is also true that well directed treatment has frequently caused these undesirable symptoms to disappear. These symptoms did not, however, constitute pneumonia, and consequently the treatment did not cure or abort pneumonia. A disease which does not actually exist surely cannot be either cured or aborted. Possibly pneumonia may be prevented, but aborted—*never*.

J. W. F.

Original Articles

Post-Partum Hemorrhage.

BY M. AUGSBURGER, M. D.

In the transactions of the Eclectic Medical Society of the State of New York, Vol. XVI., I published an article on the subject of post-partum hemorrhage. Since then such important additions have been made to the treatment of this, one of the greatest dreads of the obstetrician, that I consider it worthy of briefly reviewing them.

All authorities as well as all text-books consider post-partum hemorrhage a preventable accident. By this is meant that it occurs only where a mismanagement of the labor has taken place, such mismanagement consisting in delivering the placenta by the old method of traction, instead of the Crede's method.

A comparison of these the only two methods employed in helping the uterus

to separate and expel the placenta, cannot fail to impress the careful student that Crede's method is by far the easier and safer method of the two.

By the traction method the placenta is artificially torn from the uterine surface by pulling upon the cord, thereby tearing the maternal blood vessels, which partly remain in the placenta (foetal placental tufts are not injured in separation); this leaves the torn blood-vessels in the uterus open and ready to pour out their blood. The reason this method is faulty and likely to be followed by post-partum hemorrhage, and therefore condemned at the present time, is on account of the separation taking place irrespective of the condition of the uterus, whether contracted or relaxed. It is scarcely necessary for me to state "that a relaxed uterus with the placenta attached is of small moment, but tear away that placenta artificially and the uterus continues relaxed, you have altogether a different case before you.

Crede's method on the other hand consists only in helping the uterus; helping the uterus to separate the placenta, and then expelling it. When you practice Crede's method you do not separate, neither do you expel the placenta, but the uterus does it, and it does it by contractions, which to us means a closing of blood-vessels from which a hemorrhage cannot take place.

It is well known that in the practice of Crede's method the placenta can only be separated and expelled with the uterine action. The manipulations upon the fundus simply helps along and intensify this action. This at first, consists in squeezing the placenta together while still attached in the uterus, and when the placenta has been squeezed to its smallest possible size, the uterus contracting still further tears itself away from the placenta has been squeezed to its small-

the cord, turned lengthwise in the uterus, and one or two contractions now expel it. When expelled in this way you can rest assured that the uterus is contracted and your patient is safe.

My object in making the foregoing comparison of the two methods of delivering the placenta, is to show "that the safety of the woman from post-partum hemorrhage lies in a firmly contracted uterus;" that Credes' method insures these contractions; and lastly when a hemorrhage does occur, we must quickly stimulate uterine action by the most approved method, viz.; Uterine compression or bimanual massage.

In practicing uterine compression we control hemorrhage in two ways; first, by the direct pressure which holds the walls of the uterus together and thereby closes the vessels; and, secondly, and of more importance, by a stimulation of the uterine muscle, due to the irritation produced by the contact of its walls, assisted by the irritation of the large sympathetic ganglia which are found along the posterior wall of the parturient uterus.

Compression of the uterus can be practiced in a number of ways, of which the following are the most approved: Herman's method consists in inserting the left hand high into the anterior cul de sac of the vagina, and flexing into a fist; with the right hand upon the abdomen, reach behind the fundus and bring forward so that uterus is bent over fist. Bring both hands together to press the uterus.

Zweifel's method consists in anteflexing the uterus. The left hand is passed high into the posterior cul de sac and cervix is pressed forward, while the right hand brings down the fundus so that the uterus is doubled upon itself.

Another method consists in passing left hand behind the fundus—carry uterus forward behind the fundus—carry uterus forward against pubic bones and press together.

I would strongly urge a trial of the foregoing described methods, as they require no application to uterine cavity, no instruments, no assistants; are easily and quickly performed, and most important of all, instantaneously stop post-partum hemorrhage.

Brooklyn, N. Y.

Facts, Figures and Physiology.

BY C. N. MILLER, M. D.

The human body is a wonderfully complicated mechanism and the energy put forth by its various parts in order to maintain the life and well-being of the whole is surprising. Let us consider briefly the labor of some of its organs: Recently the members of a senior class at college counted each his neighbor's pulse beats per minute, the various amounts were placed on the blackboard and their sum divided by the number of students in the class. This gave an average of seventy-five beats per minute. Taking that as the general average adult pulse beat, we worked out the following results:

As the ventricles of the heart each hold two ounces of blood, and as they contract seventy-five times per minute, there must pass every minute through each ventricle seventy-five times two ounces of blood, or one hundred and fifty ounces, equaling one and one-sixth gallons. As each ventricle moves one and one-sixth gallons of blood per minute, then in one hour, or sixty minutes, each moves sixty times one and one-sixth gallons, or seventy gallons. Since seventy gallons of blood pass through each ventricle in an hour then in one day, or twenty-four hours, there passes through each ventricle twenty-four times seventy gallons, or one thousand six hundred and eighty gallons; and in a year three hundred and sixty-five times one thousand six hundred and eighty gallons, or six hundred and thirteen thousand gallons! That is, it

would require six hundred and thirteen one thousand-gallon tanks to hold the amount of blood pumped by either ventricle into the arteries every year. Six hundred and thirteen one-thousand-gallon tanks set in a row side by side, allowing six feet for each tank, would form a row exceeding in length four of the longest blocks in any of our cities.

That is a prodigious expenditure of energy to keep us alive. Wonderful as this result is, it is still more astonishing to consider that every drop of this six hundred and thirteen thousand gallons of blood must percolate through the capillaries of the lungs, as it passes from the right ventricle to the left! If, from faulty digestion or bad air, the blood stream becomes contaminated and irritating to the lung capillaries, is it any wonder that the lungs then break down?

To accomplish its enormous task, the heart is in constant action day and night. If it beat seventy-five times in one minute, then in an hour, or sixty minutes, it beats sixty times seventy-five, or four thousand five hundred times; if it beat four thousand five hundred times in one hour, in one day it beats twenty-four times four thousand five hundred, or one hundred and eighty thousand times. One hundred and eighty thousand times each day means one million and eighty thousand times in ten days, and in one year, in round numbers, forty million times! Yet so smoothly is this great work carried on, and with such careful forethought by Nature for the comfort of the entire body, that in a state of health we are not conscious that we have a heart, and sometimes even forget in which part of the chest it is located. Truly, we are fearfully and wonderfully made.

But who of us has ever been taught how to care for this wonderful organ, this faithful, industrious servant? What col-

lege professor teaches the practical hygiene of the heart? I should like to make his acquaintance and join his class.

As to the lungs, not only does the blood stream percolate with astonishing rapidity through their capillaries, but the millions of air cells with which they are provided are constantly being filled and emptied of air. This process is known as breathing and is repeated on an average of seventeen times per minute, or in an hour, sixty times seventeen, or one thousand and twenty times. In a day, twenty-four times one thousand and twenty, or twenty-four thousand four hundred and eighty times, and in a year, three hundred and sixty-five times twenty-four thousand four hundred and eighty, or, in round numbers, nine million times!

Then, to recapitulate, in one year, dear reader, the air cells of your lungs and mine will have been filled and emptied of air nine million times, and there will have been forced through the capillaries of our lungs six hundred and thirteen thousand gallons of blood! Is it any wonder that people sometimes die of pneumonia and that deaths from consumption are of such alarming frequency? From the Atlantic to the Pacific, everywhere, the mortality from lung troubles is frightful. In New York City statistics show that from Thanksgiving Day to Easter four thousand people go to bed every week with pneumonia; fifteen per cent. of them never get up. In San Francisco last year, 1903, six hundred and fifty-five people died from pneumonia and over one thousand from consumption.

Who of us, whose lives are devoted to the noble calling of healing the sick, are so clothed that our muscles of respiration are unimpeded? Who can take a full breath without his breathing muscles being compelled to tug at his badly contrived garments? No wonder that in breathing as a rule we use only the dia-

phragm, the other breathing muscles are so bound down by our clothing that they cannot possibly assist regularly in the work if we would have them. Who teaches us to fit our clothing as Nature fits that of the lower animals? Does the clothing of the cat or squirrel or any other lower animal, from the mouse to the elephant, bind down its muscles of respiration? Go even to the stupid donkey, O ye physicians, and take lessons!

And what of the quality of the air we breathe? Ministers and other public speakers should bear in mind that an audience of five hundred people exhales into the air of the room eight thousand five hundred breaths every minute, or in thirty minutes two hundred and fifty-five thousand breaths! Now, it is pleasant to sit in a warm recitation room, or church, or theatre, or street car, but if the air must be warmed by being breathed over and over again by my neighbor, if you will excuse me, I would rather take mine cold. Where have we learned to so build our assembly rooms and houses that the air may be not only warm and free from draught, but pure? What professor can instruct us in the practical hygiene of the lungs? The world is waiting for him.

San Francisco, Cal., March 26, 1904.

Are Cycloplegics Necessary to Determine Errors of Refraction?

BY ALFRED W. HERZOG, M. D.

At the present time, when the optician has stepped out of his rightful sphere and is trying to usurp some of the rights of the physician, the public and even physicians are flooded with literature emanating from the various refracting opticians in the country, which literature nearly always emphasizes the point that opticians do not use injurious eye drops or mydriatics, but that the use of drugs for the determination of errors of refraction is not only dangerous, but also antiquated.

Is this true?

To understand fully the why and whereof of such statements we must consider the standing and the origin of the so-called "refracting" or "gratuante" optician. The sphere of the optician is to grind lenses according to the prescription of the oculist and to make eyeglass frames and mountings and bend them properly to the dimensions prescribed by the oculist.

This is the rightful sphere of the optician. A great many lenses, however, especially spherical lenses need not be ground to order in every special instance, but can be kept in stock. The same holds good with a great many different frames and mountings. Thus, little by little from the optician, who in his little shop did all the work, grinding the lenses and making the frames by hand, were evolved two classes. The one, the wholesale optician, grinding and furnishing those lenses which were in frequent demand and also mountings and frames, and the second-class that of the dispensing optician, who, with the aid of unfinished lenses, furnished to him by the wholesale optician and with the aid of different parts of mountings and frames fitted those needing glasses accurately according to the prescription of the oculist.

Little by little, however, the "dispensing" optician usurped some of the rights of the physician, by displaying in his store the different strengths of convex and concave spherical lenses, mounted in spectacle or eyeglass frames, and inviting people in need of glasses to step in and pick out the glasses best suited to their eyes. This was the first step.

A little later the optician assisted the customer in his attempt to make the proper selection, and later on he began to ape the methods of the oculist by hanging test types on the walls of his store, by "examining" the eyes of the "patient" with the test case, and even with the ophthal-

moscope, the ophthalmometer and the retinoscope. At present a great many opticians run "optical parlors" which are furnished like an oculist's office and in which any resemblance to a store is avoided. This was the evolution of the so-called refracting or graduate optician.

As to his legal status, according to the laws of the State of New York and most other States in the Union, not taking into consideration decisions to the contrary, which, while they make law, do not always make good law, I refer to my article on "The Graduate Optician" in the Philadelphia Medical Journal.

Yet the refracting optician has, I am afraid, come to stay.

From the modest title of graduate optician he has usurped more high sounding titles, as for example "Bachelor of Optics," "Doctor of Optics," "Eyesight Specialist" and so on.

Not that this makes him less a quack, earning his livelihood by preying on the ignorance of the public, but that it makes him nearly a legalized quack.

Whence do these "Eyesight Specialists" graduate at present?

It was only a few years ago when every wholesale optician, or nearly every wholesale optician, had his own school of optics, presided over by an eyeglass vending gentleman, addressed by the other clerks by courtesy, as "doctor," who gave to everybody who desired it, after purchasing either a test case or a hundred dollars worth of eyeglasses and spectacles two or three lessons in "How to fit glasses" and a beautifully engraved diploma as "Graduate Optician."

Things have grown worse since that time. We have now a number of regularly chartered "Optical Schools," in which any person who desires to become a refracting optician can be trained in the art of fitting glasses, by means of the test case as well as by means of the ophthalmo-

scope, retinoscope and the other instruments of precision.

While it must be conceded that some bright men will after a course at one of these institutions and after a time of work as opticians become very fair refractionists still they are not physicians, and unjustly usurp some of the rights of physicians, without that amount of training which is demanded from anyone who desires to practice medicine as a physician.

Not being physicians they must sail close to the line of the law, as administered at present, although I am afraid it will not be long before they will succeed in having the law changed to suit themselves, but at present they cannot use drugs.

Thus they must find a way to show to the public that the use of drugs to determine errors of refraction is injurious and antiquated.

"Sour grapes" would really be the proper answer to the arguments of these gentlemen.

Yet while this may be the correct answer, it is not a very convincing one. And on this account it is, that I will discuss the question, whether drops are necessary to determine errors of refraction? One of the pamphlets which was distributed by one of the gentlemen who test eyes, though they are not physicians, contains the following statements:

MYDRIATICS:

We do not use belladonna, atropine or other mydriatics, injurious drugs all of them, and belonging to a past stage in the science of optics, as applied to eyesight testing.

The use of such instruments as the skiascope retinoscope, ophthalmometer and phorometer reveals more clearly and measures more accurately those errors of vision and muscular anomalies in the locating of which "drops" are still used to such a lamentable extent.

By means of these tests we obtain more accurate and satisfactory results, also avoiding much of the discomfort and often serious danger to the patient. Our efforts in this direction for some years have amounted practically to an educational crusade, which we are glad to say, has already born fruit, as evidenced by the large and increasing number of physicians who now send us their patients when they suspect eye strain, because, as they themselves express it, of the superior methods of our examination?

Hartridge, the eminent English oculist, in his work on refraction, says:

"The use of atropine is seldom necessary in cases above thirty-five years of age," and again, when speaking of the danger of paralysis, he says: "Atropine is the most common cause of paralysis of the accommodation."

In quoting Hartridge as his authority our friend the "Eyesight Specialist" has made a greivous mistake. Instead of quoting him right and then trying to use the right quotation for his own purposes, he ought to have boldly misquoted, or not mentioned Hartridge at all, for thus he hands us a very strong weapon against himself and for our assertion that "atropine" is necessary. Hartridge is quoted as saying:

"The use of atropine is seldom necessary in cases above thirty-five years of age."

Can not everyone see that this means that the use of atropine is nearly always necessary before the age of thirty-five, and sometimes above that age? Again quoting him, our friend, the refracting optician, says, that when speaking of the danger of paralysis, Hartridge remarks: "Atropine is the most common cause of paralysis of the accomodation."

I presume that this quotation is correct, but it is misleading as not being quoted in full.

It is admitted that atropine is the most common cause of paralysis of accomodation, but this is the reason why we are using it to determine errors of refraction. Why we are using atropine or similar drugs when we examine patients for glasses is because we need a drug which will for the time being paralyze the accomodation. Let us for a few moments consider why we desire to paralyze the accommodation when we wish to correct errors of refraction?

In the normal eye the accommodation is not used for distant vision.

The eye looking at a distance can see perfectly well without the use of the accommodation, which, however, even in the normal, the emmetropic eye, is used for the purpose of seeing near objects, as in reading, writing, sewing and so forth.

Yet in the eye which is not built perfectly, that is to say in the eye which is either hypermetropic, myopic or astigmatic the accommodation is very often used not only for its normal purposes, that is to say for near vision, but also for distant vision.

This use of the accommodation for distant vision is what so often causes eye-strain, and thus not only a great many nervous and other affections (as described by me in my article on eye strain but interferes greatly with the proper examination of the eyes for glasses. Thus we find only very seldom in a person which we examine for glasses that they can determine with certainty and without hesitation which glass they can see best with. First they think that they see better with one, than with another glass.

If they be suffering from astigmatism they will possibly accept a cylinder in one axis one moment and a few moments later see equally well with a cylinder in another axis. Now they will see well with a concave lens, and only a minute later with a convex lens. What is this due to?

To the fact that the eye accommodates itself to the various glasses that are placed before the eye, thus really setting all attempts to arrive at correct finding at naught. The use of the accommodation thus interferes also with the so-called objective tests, namely retinoscopy, ophthalmoscopy and ophthalmometry.

If, however, a cycloplegic is used, as for example, atropine, the intrinsic muscles of the eye become for the time being paralyzed and are unable to cause the eye to accommodate. The consequence is, that it is easy to determine the error of refraction, not only with the ophthalmoscope, retinoscope, ophthalmometer, but also with the test case. If Hartridge says that atropine is the most frequent cause of paralysis of the accommodation he is right. For while paralysis of the accommodation due to disease is a comparatively rare occurrence, I make use of cycloplegics in my office alone many hundred times a year. By the use of cycloplegics, commonly called mydriatics or by the laity, "eyedrops," we can determine the exact amount of error of refraction present in any case, and after the effect of the cycloplegic has worn away can give the patient glasses that are really suited to his eyes.

It is true that the use of atropine for the determination of errors of refraction is very annoying to our patients, because they will prevent him from doing any near work without the aid of glasses for about eight or ten days. But we are not obliged to use atropine as a cycloplegic, as we have other cycloplegics which act as well and whose effect wears off in a much shorter time. Homatropine hydrobromate used in combination with cocaine is the cycloplegic I generally use in my private practice. The effect of these drops begins to wear off after an hour and has nearly disappeared sixteen to twenty hours later. In twenty-four hours the

effect of the cycloplegic has entirely disappeared.

In examining eyes for the determination of errors of refraction I usually proceed in the following manner: At the first examination I first record vision for each eye. Then if the patient has worn glasses before I record the strength of his prior glasses and vision obtained with them. I then proceed to examine the exterior of the eye, so as to determine whether there is any disease of the anterior part of the eye which might interfere with vision. I next use the ophthalmoscope, then the retinoscope and the javal shioetz ophthalmometer and lastly the test case. I then examine the patient for heterophoria.

During the second examination the cycloplegic is used. All of the proceedings are gone over again, and the result compared with the result of the first examination. The difference is in the great majority of cases very pronounced.

Two days later if homatropine was used, or a week later if atropine was used the last examination is made. At this examination I start the patient on the full correction as determined by the use of the cycloplegic and working from this finding down I give him as much of the correction as the eyes will accept with comfort. I sometimes, in cases of severe nervous trouble even give the full correction and continue with the use of the cycloplegic for several weeks, thus permitting the patient to gradually accustom himself to the full correction.

In adults I generally use homatropine. In children I generally use atropine, and in patients over the age of thirty-five I usually try to get along without the use of any cycloplegic whatsoever, partly because in the aged and middle aged there is danger of increased intraocular tension precipitating an attack of glaucoma, (and no mydriatic has yet been found which

does not at least slightly cause an increase in intraocular tension, but also because at the age of thirty-five years so much of the power of accommodation has already been lost, that but very little of it can be used to help along the distant vision, and it is much easier therefore to arrive at a correct finding without the use of "drops."

New York City.

**Address Delivered at the Annual Meeting
of the Eclectic Medical Society of the
State of New York, April 6, 1904.**

BY PRESIDENT EARL H. KING, M. D., SARATOGA.

Fellow members:

It is with great pleasure that I extend to you a most hearty welcome to this the 44th annual meeting of our society.

One year ago much to my surprise and with a personal feeling of unfitness for the office you saw fit to nominate and elect me to the position of president of this organization. The old adage, "old men for council; young men for war," seemed to me to be applicable in this case, but with a feeling of pride at the honor and confidence bestowed and with a desire to fulfill my whole duty as a physician in the Eclectic cause it seemed to me the only alternative was to accept.

After accession to office in looking over the past history and experience of our society and planning for the year before us it seemed to me that I must apply the old principle of selecting those things which has been proved useful and good as well as reject those things which were useless or objectionable.

It seemed a self-evident fact that, although the usual plan of conducting our annual program had been admirable in its intentions and had accomplished much in making the meetings successful and profitable, in order to propagate a growing and interesting annual meeting and make our study thoroughly scientific and abreast of

the day the time had come to make a revision.

After much thought and investigation an idea was suggested by a meeting in the county where I reside and after selection and rejection, with the help of the other officers of the society, a novel but certainly a scientific plan has been evolved and put into practical working order at this meeting.

It seems that the fundamental idea of this scheme is a right one. This, its first application may and probably does have its faults—this is natural—but it is brought before you upon its merits and if it commends itself to you I sincerely hope that it may be continued. If it can be improved upon no one will welcome the improvement more than your president.

The Eclectic school in its extensive and careful study of therapeutics, including its application of the principles of specific medication, sometimes, if not too often, tends to lose sight of the underlying causes of and the pathological conditions existing in the diseases which are to be combated. Yes, even sometimes in seeking for the indications for the proper remedy or remedies, to lose sight of the actual disease present. I grant that it is our paramount duty to administer the proper remedy or institute the proper hygienic measure which is necessary to relieve the symptoms and administer to the comfort of our patient, but is it not equally important that we should know precisely what is the actual diseased process present; for not knowing this how can the proper measures be adopted which will reach the seat of the difficulty? Therefore, it appears to me, that a study of the etiology and pathology with the symptoms and diagnosis must go hand in hand with the study of the treatment. It may be dry and not as interesting, yet I believe you will admit it is imperative to a thorough comprehension of the disease and the rational means by which to combat it.

The primary object of the Eclectic school is of course the establishment and perfection of a safe, exact and rational therapeutic system with a conservation of the vital forces of the organism. In order to do this is it not eminently necessary that a thorough knowledge should be gained of the nature and extent of the pathological processes which are encountered as well as the underlying causes which bring them about? Then a system of therapeutics founded and grounded upon the knowledge thus gained will be one that is fundamental, exact and rational.

The practice of medicine has always been and to a certain extent must continue to be, for the present at least, empirical. But with a thorough and careful study of cause and effect with the specific means for the removal of both our therapeutics will become more and more scientific.

Such a study of course involves a large amount of original investigation and what school of medicine is better fitted and equipped for such a work than our own. With our admirable colleges which are increasing their facilities every year, with men of clear and unbiased minds and above all our unlimited therapeutic resources we should rise to the opportunity before our very doors and place before the world a system of practice which is unimpeachable and stands without a peer.

Now to step aside for a few moments and mention some matters pertaining more especially to this society, I beg to be allowed to make a few suggestions and appeals in regard to the future of the organization.

First of all, this body is made up of several auxilliary societies throughout the state. These auxilliary societies are made up of individual members. It is, therefore, evident that the life of the body as a whole depends upon its auxilliary components and that of the auxilliary societies upon the individuals which compose them. Is it not a fact that

the reason for the small attendance at the state meetings is due to a want of a healthy activity in the district societies and this want of activity here due to the apathy of many of the rank and file of the members. With two or three exceptions, notably the New York and Kings County Societies, our district societies exist in name only.

Fellow members let me appeal to each and every one of you to rise to the duty here suggested and bring to life and reorganize the society in your district. Stimulate it into a live, useful and influential organization. I know it means work and a strenuous effort but the results obtained not only for the cause but to yourself, individually, will well repay for the energy expended. Make it a harmonious working force by which this original investigation in the study of Eclectic medicine may be carried on. Then with these auxilliary bodies alive, active and progressive we will find our State Society growing, its meetings better attended, its programme becoming more and more valuable and the organization exerting a greater influence socially, politically and scientifically than it has ever done before.

We can by thus diffuse in the various sections of the state where these societies exist a broader and more popular knowledge of Eclectic practice and stimulate a demand for Eclectic physicians. With a demand thus created more students will be seeking education along this line of medical study and our colleges, especially the Eclectic College of the city of New York, stand ready with the necessary equipment to furnish this education. It should not be that so large a proportion of the students in this institution should come from Greater New York but material should be furnished from throughout the state.

These societies should also stimulate the demand for current Eclectic literature notably the Eclectic Review published in New York city. This periodical is ably edited,

is thoroughly abreast of the day in its idea, and always contains worthy articles.

This brings us to the individuals representing the Eclectic profession throughout the State. It seems to me that our membership list is in sad need of revision. It contains the names of some men who are deceased without being so designated, there are names there of men who have not attended the meetings in years nor made their membership good by the payment of dues. I would earnestly recommend that before adjournment you should place on record a resolution by which a committee shall be appointed on the revision of the membership list,—this committee to ascertain the location of every former member as well as the present active members of the society and to influence all who are not now in good standing to reinstate or else drop their names from the roll. It seems to me that the elimination of inactive material and that quality rather than quantity on our roll will be to the advantage of all concerned. This is a matter which cannot be accomplished in a few weeks and the time until the next meeting is none too long to complete this work.

Again allow a reference to the future of our state program. Its compilation and arrangement has this year as well as for some years past fallen upon the shoulders of two or three. I would recommend that a standing committee on program shall be appointed every year so that the matter can be worked up in sufficient time and the labors can be so divided as to lighten the burden upon any one member's shoulders.

Fellow members, if these suggestions commend themselves to you let us each and everyone put his shoulder to the wheel and put them into practice. If you can amend them by something better I shall be only too glad to do my share as an individual member in carrying them out. However it may be, let us all pull together for the betterment of our organizations with determina-

tion, with persistency and in harmony.

Before closing I desire to extend my heartiest thanks to the officers and committees as well as the individual members who have assisted me in any way in arranging the details of this meeting.

We have endeavored to enlarge and improve the work of the society and we sincerely wish that even more might have been accomplished; but we extend to our successors our best wishes and support and trust that they may be able to make progress where we have stood still and perfect the work that we have striven to accomplish.

The New Hospital at Los Angeles.

BY JOHN URI LLOYD.

This admirable institution is entirely under the medical and surgical management of the Eclectic physicians in and about Los Angeles. It has the name, German Deaconess' Hospital and was built by the German Methodists, being conducted by them after the admirable manner of the well known Bethesda Hospital of Cincinnati, from which mother house came the matron, Miss Ella Shela and several experienced deaconesses.

This new hospital is in every way abreast of the times, both in management and equipment. The cost of the building has been over \$50,000. It is a four story structure, 60 feet frontage, 120 feet deep. It has two operating rooms with all modern equipment and latest surgical appliances, and has forty rooms for patients. Elaborate care has been taken to arrange for antiseptic and spray baths for nurses and others to whom such attention may be necessary. The plumbing, heating, ventilating, and lighting systems are in accord with the most modern conception of sanitary and aseptic hospital construction, and throughout, the hospital is complete.

While the building is erected by the German Methodist Episcopal Deaconess' Hospital Association, some of the rooms

are furnished by individuals or societies. The medical services, as has been stated, will be Eclectic, Dr. O. C. Welbourn being medical director.

The foregoing brief statement of fact is sufficient to inform our people that in Los Angeles their friends, both travelling and resident, may now receive the very best hospital and medical attention. The writer of this has been aware of the project since its incipency, and now, that it is carried to a successful end, congratulates the founders, and the people to be served, on the completion of the laudable enterprise. When Dr. Welbourn announces his staff, it will be seen that in Los Angeles our school is amply able to care for an enterprise such as this, and in its record therein will do itself proud. Be it enough to say, in this preliminary notice, that if you have a friend in California, likely to need hospital care, or a patient going to California, the German Deaconess' Hospital offers every needful opportunity both as to equipment and professional services. In it your patients can have the full benefit of the kindly Eclectic system of practice. For details, address Dr. O. C. Welbourn, Los Angeles, Cal. or any eclectic physician in Los Angeles or Southern California.

For bed-wetting, enuresis, the tincture of *equisetum hyemale*, 12 drops in a half glass of water, give a child from 5 to 7 years old a teaspoonful every three hours, is a remedy that has never failed me, writes Dr. A. Jones.
—*Summary.*

For suppression of the menses, or painful menstruation, aromatic spirits of ammonia, 20 to 30 drops, several times a day, given in sweetened water, is sure to give relief.—*Summary.*

Therapeutics

Edited by

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

Aconite and Veratrum in Heart Disease.

The editor of *Medicine*, in referring to the too common use of digitalis in heart disease, makes some very appropriate remarks in regard to the unquestionable value of aconite and veratrum in the various forms of cardiac disease. The writer, however, fails to mention the essential fact that these drugs should be employed only when specially indicated—aconite when the pulse is small and frequent and veratrum when the pulse is full, strong and intense. In part the editor says:

"The exhibition of digitalis has so long been regarded as the proper treatment for a failing heart that it sounds almost heretical to speak of the value of aconite and veratrum veride in disease of the heart. Occasionally in the literature of the last twenty-five years, reference will be found to the value of heart sedatives in the treatment of cardiac involvement. The writer of this article, when a student, remembers to have heard an excellent clinician refer to the fact that certain cases of heart trouble which did not do well upon digitalis would be benefited by aconite. He offered no explanation of this, merely stating it as an empirical fact.

"Recent studies show that there is an important relation between the heart and vascular pressure. In cases of hemorrhage and shock the heart's action becomes rapid and feeble, due to the fall in vascular pressure, which is away below normal; the tumultuous action of the heart is caused by its efforts to fill the depleted blood-vessels.

"It is obvious that the remedy for such a condition is something that will contract the peripheral arterioles and restore the vascular

pressure, as the heart's action is dependent upon a certain vascular tone. Conversely, when vascular tension is high there is an increased work thrown upon the heart, and of necessity that organ must hypertrophy if it is to successfully carry on the circulation. The purest examples of this are found in the various kidney lesions, in which we have hypertrophy without valular lesion. The vascular conditions arising from kidney lesions often lead to high vascular tension, due to the same causes which determine sclerosis of the aorta and distortion of the valves of the heart. The effect of digitalis is often just the opposite of that which is aimed at. The tincture as prepared not only contains a cardiac stimulating principle, but also a vaso-constrictor substance, hence whatever value the digitalis may have in stimulating the heart's action is offset by the increased vascular pressure due to contraction of the peripheral arterioles.

"This has led to the preparation of what is known as a 'fat-free' digitalis. In this preparation it is claimed that the pressure raising principle is eliminated, while the cardiac stimulant action is retained.

"A similar explanation will account for the benefit derived from the administration of veratrum viride and aconite in cases of heart disease. They are unquestionably of use because of the power they have in lowering vascular tension, in this way enabling the heart to carry on the circulation with less peripheral resistance and correspondingly less labor. In studying a considerable number of cases it will be found that there are not a few instances of advanced cardiac disease in which there is cardiac degeneration as well as valvular disease which will be benefited by a cardiac sedative."

Pneumonia.

In commenting upon the remarks made at a Chicago medical meeting by Dr. Beven, in which the doctor said that we have no remedy for pneumonia, Dr. Lyman Watkins,

in the *Cincinnati Eclectic Medical Journal*, disposes of the Chicago doctor's erroneous claim in the following manner:

"It seems to take a long time for medical men to learn that there are no specifics for names of diseases. Dr. Beven could have as well said that we have no single remedy for typhoid fever, rheumatism, tonsillitis or any other disease. Eclecticism has for many years contended for specific treatment of the symptomatic manifestations of pathological conditions, and has asserted over and over again that there are no specifics for disease except as its various indications are met with the appropriate remedies.

"A mortality of 40 per cent. under regular treatment is confronted with a mortality of less than half of this when no treatment but the expectant is followed. It is therefore a good thing that some change should be suggested. Heroic measures intended to 'break up' pneumonia or to control morbid processes in this disease are usually disastrous; the patient is generally 'broken up' much more quickly than his affliction.

"In the treatment of pneumonia we should watch our patient carefully, having due regard for hygienic and dietetic measures, for we must aid and support nature's efforts. The inflammatory pulmonary condition, whether due to germs or other causes, when once fairly launched, must of necessity pursue its course to the end; the disease can not be aborted, and the outcome largely depends upon the innate vital resources of the patient, aided by skilled nursing and care; no doubt many cases of pneumonia will go on to recovery without further treatment. But remedies have a valuable place in the treatment of this disease, and we have never yet failed to find indications for specifics which for the most part have acted well. The remedies which appear to be called for most frequently in the early stages are aconite, veratrum, asclepias, bryonia, gelsemium, lobelia and ipecac; these, with stillignia liniment, libradol and compound emetic powder

externally, are standard remedies appreciated only by those who have used them and know when to apply them. Later as the disease progresses, we will find indications for stimulants and heart remedies, such as cactus, strophanthus, digitalis and macrotys, while during convalescence ferruginous tonics and the hypophosphites will be found useful."

Oenanthe Crocata.

Dr. John Wm. Fyfe—Dear Doctor:

While my experience with this drug has not been very extensive, I felt impelled to invite greater attention to it.

Dr. E. R. Waterhouse defined its field of usefulness as follows: "In epilepsy and diseases resulting from malnutrition and anaemia of the brain and spinal cord."

There are a number of pathological states dependent upon such a basic lesion, and in these the drug is as specific as is night-shade for congestion. The following are cited to illustrate the class of cases in which oenanthe should supersede all other medication:

I was called to attend a matron whose oldest child was four years of age. Two months before this first confinement she began having epileptic seizures, which continued after delivery, with more or less regular monthly intermittency, and having some relationship to her menses. Some months before I was called these attacks had begun occurring fortnightly, most often at night. I put her on oenanthe crocata, four times daily, with instructions to take an additional dose at the time of any threatened seizure. As she improved the dose interim was lengthened, until at the end of three months' treatment I discharged her (she having had no seizure for two months) with instructions to return for more medicine upon a reappearance of the trouble. Two months have elapsed without her return.

Another epileptic in the Rockies, who was having six to nine fits daily, was able on the fifth day to resume travel.

I am now giving the medicine to a patient troubled with chronic bilious vertigo, which is so grave as to occasion sudden falling spells. So far the remedy is giving me its usual good results.

These differing cases indicate when to use the drug, and all have a common symptom—the sympathetic "let's go." The dose varies from the one-tenth to the one-sixth of a drop of the specific medicine in water.

Dr. W. C. Cooper has used the drug similarly in a dozen cases of general epilepsy with results which in view of the usual poor outcome of treatment for epilepsy are astonishing. One case in particular where the patient was having severe attacks twice and thrice daily, and had *always* had epilepsy in its worst form, was put on oenanthe as suggested above, and within three months was enabled to return to work, and has never since been compelled to desist.

I would suggest its use wherever the neuropathic state, evidenced by loss of equilibrium, giddiness, etc., is present; or, as I have said before, "whenever the sympathetic let's go." While the results in the twelve or fifteen cases which represent the combined experience of Dr. Cooper and myself may be a series of coincidences, when oenanthe crocata is thus indicated, I am content to let results keep on *coinciding*.

Cleves, O.

WALTER S. BOGART, M. D.

Senecio Aureus.

Senecio is a remedy of marked therapeutic power, and its properties are so varied that it constitutes a remedial agent of a considerable value in a wide range of pathological conditions. In the various affections peculiar to females it has long been highly esteemed. Its emmenagogue property seems especially adapted to the treatment of amenorrhoea, and in dysmenorrhoea, when administered throughout the intermenstrual period, its tonic influence upon the uterus has caused it to be regarded as a favorite

medicament. It invigorates the sexual system, and thus favors functional activity. In chlorosis it is employed with much success, and in dropsical conditions its power of exciting the glandular system to normal action is many times of the utmost value.

Senecio is emmenagogue, tonic, alterative, diaphoretic and diuretic.

The most frequently seen specific indications for senecio are as follows:

Enlargement of the uterus with uterine or cervical leucorrhœa; diseases of the reproductive organs of women, characterized by a sense of fullness, weight and dragging in the pelvis; soreness, pain and bearing down in the region of the uterus; suppressed menstruation; atonic conditions of the ovaries and uterus, with impaired function; vicarious menstruation; defective action of the uterus; fullness and weight in the perineum, with dragging sensations in the testicles; difficult and tardy urination in the male; painful micturition with tenesmus; dyspepsia attended with flatulence after meals; excessive secretion of gastric juice with acidity and cardialgia.

The dose of specific senecio (or a good fluid extract) is 1 to 15 drops, but it is usually employed as follows: \mathcal{R} Senecio, gtt. x to 5i. water, 5iv; teaspoonful every two or three hours.

Xanthium Strumarium.

Common Names.—Clotbur, Broad Burweed.

Natural Order.—Compositae.

Part Used.—The leaves.

Description.—This erect annual plant is usually from one to two feet high. Its leaves are alternate, on long stalks, heart-shaped, toothed or angular, and rough on both sides. The flower-heads are in axillary or terminal racemes, or short racemes of greenish or yellowish flowers. When in fruit the lower female heads form ovoid burs which are covered with hooked prickles.

Dose.—Fluid extract, 10 to 60 drops.

Usual dose.—15 to 30 drops.

Indications.—Passive hemorrhage of the bowels; epistaxis from purpura haemorrhagica; retention of urine; dysuria; strangury; scalding urine or painful micturition; sensitiveness of the urethra and irritable bladder with frequent discharge of urine; scalding or burning during micturition.

This agent has been employed with marked success in retention of urine, and in epistaxis it has checked the hemorrhage after many approved remedies had failed to do so. It is also an efficient styptic in other minor hemorrhages, and it is said to be an antidote for snake, spider and other poisonous bites.

Xanthium strumarium is diuretic and haemostatic.

Usefulness of Drugs.

The editor of the *Clinical Review*, in an article on the absurd and nonsensical reflections upon the usefulness of drugs which are too often uttered by men who one would expect to have some regard for the observations and investigations of erudite minds the civilized world over, in part says:

"If one thing more positive than another has been found in this world of mutable affairs it is that strong dependableness can be attached to the action of certain drugs upon certain diseases under reasonably favorable conditions. It may be even said that so positive is this action of a given drug upon a given disease that such action will occur even in spite of favorable conditions—that it can be forced even under the opposition of nature's laws that seem to govern.

"It is to be admitted that many times the earnest medical follower sees only defeat in his efforts, and is constrained to grow heart-sick at the inefficiency of his power in a particular case. He perhaps forgets for the time that while this science he advocates and reasonably well understands has forces that may be individualized—applied to the individual directly for his benefit, there are at the same time individual limitations, some of

which are but vaguely comprehended. In other words, while it may be appreciated that digitalis, iron or quinine possess certain well-defined general effects upon pathological conditions, this is largely general, and there is still further a personal equation that in a proportion of cases arises to assert the rule by presenting an exception. Nine out of ten cases will respond to a definite line of treatment, but the tenth rebels. It is so even in so positive a disease and drug antidote as syphilis and potassium iodide. This element of variation is a large stumbling block to the unthinking and unreasonable mind; it throws many an otherwise balanced man off the track, and soon favors a hesitancy and then a despair that gives way to 'therapeutic nihilism.' The thoughtful man—the one who plods right along with philosophy enough to realize that 'as soon as a man is born he begins to die'—knows that there is a law of limitation and in most things a law of variation, and he keeps these ideas well before him. He is satisfied to bring about a good average result while seeking the ideal. This is the normal sum of human endeavor, and is always, of course, consistent with the scientific development of men and means. There is no need for discouragement in drug therapeutics."

Carum Copticum.

Common Names.—Ajowan, Bishop's Weed.

Natural Order.—Umbelliferae.

Part Used.—The fruit.

Description.—This plant has an annual fusiform root, and an erect leafy, branched stem, from one to three feet in height. Its leaves are pinnate. The seeds are ovoid, of a grayish-brown color, and have an aromatic smell and a warm pungent taste.

Dose.—Fluid extract, 10 to 30 drops.

Usual dose.—10 to 15 drops.

Indications.—Alcoholism; a sensation of gnawing or sinking in the pit of the stomach; discharges of a chronic character; bron-

chitis when there is copious expectoration.

This drug has been recommended for alcoholism, and it is claimed that many persons have been rescued by it from the habit of liquor drinking.

Carum copticum is stimulant, carminative and antiseptic.

Echinacea in Pyemia.

In writing to the *Chicago Medical Times*, Dr. G. E. Sanderson, of Minneapolis, Minn., reports an interesting case of pyemia in which echinacea constituted the only treatment employed. In substance the doctor says:

"A Bohemian boy had been confined in bed for ten days with great swelling of the left leg, the swelling extending to his groin. The left arm was enormously large from the tips of his fingers to his shoulders. Three of his toes had commenced to slough. His abdomen was very much bloated and hard. He was constipated and passed urine with considerable pain. The temperature was 104. I could get no history of the case, as his parents understood English but very little, but they insisted that the boy had received no injury whatsoever. I diagnosed the case as 'spontaneous pyemia' and gave the prognosis as surely unfavorable. After some begging I was allowed to make an incision in his left knee, the most swollen part of his body, with the result that a tremendous amount of pus escaped. This gave the parents confidence, and they asked me to do what I thought best. I made incisions in his left arm and shoulder, when more than a pint of pus was evacuated. I put him on echinacea, ten drops in a little water every two hours, and I applied it externally also by dipping gauze in echinacea and warm water and wrapping the affected parts with it. I saw him four days later and was surprised to find him not only alive, but showing marked improvement. I saw him every day for nine days. On the nineteenth day he sat up in bed. I amputated three of his

toes, and he made a good recovery, and was a surprise to all who saw him. No medicine of any kind was used but Lloyd's echinacea, from my first visit to the last call."

Cyperus Articulatus.

Common Names.—Adrue, Antiemetic Root.

Natural Order.—Cyperaceae.

Part Used.—The root.

Description.—This plant has a glabrous, cylindrical, transversely partitioned stem from two to four feet in height. The rhizome is knobbed, somewhat reddish in color, and possessed of a very pleasant smell.

Dose.—Fluid extract, 5 to 30 drops.

Usual dose.—10 to 20 drops.

Indications.—Nausea and vomiting; vomiting in yellow fever; atonic dyspepsia; whooping cough.

This drug is said to be very efficient in checking emesis, whether of pregnancy, indigestion, or yellow fever. It has a pleasant aromatic flavor, and produces a general feeling of warmth and comfort in the stomach.

Cyperus articulatus is antiemetic, stomachic and antispasmodic.

"Treatment Kills."

It may be well for physicians and health authorities to talk loud and learnedly, to issue "scare" notices, etc., about that dread disorder that is so rapidly depopulating the country. We refer to *typhoid fever*. You know such procedures tend to keep the attention of the people off of that greater pestilence—*pneumonia*, and the way "the physicians" handle it. It slays its tens of thousands for about six months in the year, while typhoid fever destroys its thousands for about three or four months.

The *Michigan Monthly Bulletin of Vital Statistics* for December last is a noticeable example of the above referred to clouding of the horizon to hide the greater evil, and the making very prominent of the lesser. It reports for the month of December, in the state

of Michigan, 2,942 deaths from all causes. And of this number 376 were due to pneumonia, or nearly 13 per cent. From typhoid fever there died 48, or not quite 2 per cent., and yet the greater part of the Bulletin, outside of statistical and other state matters, is filled by a lingo upon typhoid fever. Why does it not help to overcome that six-time deadlier foe by suggestions to physicians and the people? The "great white plague," consumption of the lungs, is credited with 158 victims. This is certainly a case of overlooking the ninety and nine for the one. Pneumonia should not be a deadlier disease than typhoid. Treatment kills!—*Dr. W. E. Bloyer, in Medical Gleaner.*

Treatment of Pneumonia.

In an instructive article on the treatment of pneumonia Dr. M. M. Hamlin, editor of the *American Medical Journal*, in part says:

"The best thing to do is to give these cases Eclectic treatment pure and simple, with good hygienic surroundings, good nursing, and very few will die. That some of these cases will die is quite certain under the very best and apparently most favorable circumstances, but the vast majority of the cases should recover. The following is a partial list of remedies usually indicated in these cases: Aconite, ipecac, asclepias (tubr.) mur. ammon., phytolacca, bryonia, gelsemium, belladonna and ferrum phos. 3x. Ferrum phos. (3x) 5i, bryonia, gtt. x and phytolacca, gtt. xx, water 5iv., teaspoonful every hour, will meet and control as many cases as any other single prescription that we know of."

Dr. George C. Pitzer, in speaking of the various methods of prescribing Fowler's solution of arsenic, says: "We may medicate homeopathic pellets with this solution; but some care is required in doing this, for if we saturate the pellets with this solution alone, they dissolve in a short time. But if

we take ten drops of Fowler's solution, and forty drops of pure alcohol, mix and shake well, we can medicate an ounce of pellets and they will not dissolve, but will become quite tender. These are readily taken by infants and small children, and may be used to advantage in many instances. In fact, they are exceedingly useful, as well as convenient, and from five to twenty-five may be taken at a dose."

The following is a simple method of preparing hydrated oxide of iron, the antidote for arsenic, one of its chief advantages being that the ingredients are always easily obtained: Take muriate tincture iron, four ounces, and in a vessel of twelve ounces capacity, mix with one drachm ammonia water; shake well, pour on a large wet muslin drainer, wring out the water and alcohol, and wash with fresh water. The stomach having been evacuated by emetics while the antidote is being prepared, give four fluid ounces at once, to be followed by an emetic. Then give two ounces every ten minutes.—*Squibb*.

Dr. W. L. Leister, associate editor of the *American Medical Journal*, expresses his school likes in the following language:

"I like homeopathy because of what it has done to correct the abuse of medicine; it has done wonders along the lines of symptomatology. I like old school medicine because of its synthetic researches. I like eclectic medicine because it has been, and is now in the lead in the study and application of the vegetable agencies, especially those indigenous."

If every member of the medical profession was as liberal minded as Brother Leister is we should hear less of the silly talk about rights and wrongs of the several schools of medicines. The rights of each would be unhesitatingly conceded.

Dr. M. M. Hamlin says that "phytolacca is without doubt the surest and best remedy we have for catarrhal conditions of mucous membranes of air passages, but as its action is essentially alterative, hence slow, it must be continued right along."

Dr. R. C. Wintermute says that the nitrate of sanguinaria is an excellent remedy for the cough of measles. He adds one or two grains to four ounces of sweetened water, and directs one teaspoonful to be taken every two hours.

Society Meetings

Society Calendar.

National Eclectic Medical Association. Meets at St. Louis, in June 1904. R. L. Thomas, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at New York city, January 11th and 12th, 1905. E. H. King, M. D., president; S. A. Hardy, M. D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. Wm. H. Russell, M. D., president; Pitts Edwin Howes, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th street. A. W. Herzog, M. D., president; W. L. Heeve, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; March meeting at the office of Dr. J. A. Nordbrock, Brooklyn. H. Stoesser, M. D., president; J. A. Nordbrock, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. V. Sillo, M. D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thordike," Boylston street. A. W. Forbush, M. D., president; Pitts Edwin Howes, M. D., secretary.

Eclectic Medical Society of the State of New York.

The forty-fourth annual meeting of the Eclectic Medical Society of the State of New York met in Common Council Chamber, City Hall, Albany, April 6th and 7th. The meeting was called to order at 10 A. M. by President King; Secretary Hardy recording.

The calling of the roll showed a quorum present. The credentials of delegates and the presentation of reports of auxiliary so-

cieties was referred to the board of censors. The vacancies on which were filled by President King. During the absence of the board of censors verbal reports of the various auxiliaries were called for; the responses showed their organizations in good condition, most of them reporting interesting meetings and a sound treasury. Doctor Boskowitz presented an interesting report of the College, showing photographs of the various rooms in their reconstructed building at 239 East 14th street. This report aroused much enthusiasm. The president then appointed the various committees: Auditing, nominating, on resolutions and necrology, requesting them to report the following morning.

It was then moved, seconded and carried that the afternoon and evening sessions be devoted to the reading of essays and the president's address. A recess was then taken until 2 P. M., at which time the society re-convened and the president announced the presentation of papers.

Dr. W. L. Heeve presented the first paper on etiology, pathology, symptoms and diagnosis of Otitis Media, Suppurativa Chronica; followed by one on complications and treatment of the same difficulty by Dr. A. W. Herzog. This was followed by a general discussion of the subject. Endometritis was then taken up. The papers on this subject were presented by Drs. Pearlstein and I. J. Whitney. Dr. Coleman, who was prevented by sickness from attending, sent her paper, which will be printed in the Transactions.

Then followed the symposium on Cystitis. Etiology and pathology having been assigned to Dr. Scaison, symptoms and diagnosis to Dr. O. A. Hyde, medicinal treatment to Dr. W. J. Krausi, and the local treatment to Dr. G. W. Boskowitz. Dr. Thompson read a paper on eczema and the subject of nervous prostration was ably handled by Drs. Smith and Sibley.

Drs. Waite and Heeve also presented papers on radium and X-ray therapy.

A recess was then taken until 8.30 o'clock, at which time we gathered and listened to a most interesting address by president King.

SECOND DAY.

The society was called to order by President King at nine o'clock, ascertaining by roll call the presence of a quorum the minutes of the preceding day were read for information. It was then moved, seconded and carried that the minutes of the previous meeting be adopted as printed. The reports of the officers and committees were then presented. The reports of the secretary and treasurer showed a balance on the right side of the ledger of over three hundred dollars. This announcement was received with enthusiasm. The committee on credentials reported returns from all auxiliary societies with dues to the State Society paid.

The corresponding secretary reported that a volume of Transactions would be issued this year containing the report of this meeting. He also spoke of the meeting of the "National" at St. Louis, making a strong appeal to the members to attend. It was then moved, seconded and unanimously carried that a committee of three be appointed to attend the "National" and extend to them an invitation to meet at Saratoga in 1905.

Dr. Tiel then presented the report of the examining board. Dr. Smith the report of the legislative committee. Dr. Krausi the report of the hospital committee.

The auditing committee then reported the books of the secretary and treasurer as correct. Then followed the report and recommendation of the nominating committee. They recommended that the meeting of 1905 be held in the College building, New York City, on the second Wednesday and Thursday of January,

and presented the following list of officers:

For president, Earl H. King, M. D., Saratoga Springs; first vice-president, T. W. Pomroy, M. D., New York City; second vice-president, Henry Stoesser, M. D., Union Course; third vice-president, Orin H. Davis, M. D., Attica; for treasurer, W. S. Dart, M. D., Harpersfield; for recording secretary, S. A. Hardy, M. D., New York City; for corresponding secretary, G. W. Boskowitz, M. D., New York City.

Board of Censors: First district, G. W. Thompson, M. D., New York City; second district, W. I. Louis, M. D., Brooklyn Hills; third district, Arthur R. Tiel, M. D., Matteawan; fourth district, F. D. Sin Clair, M. D., Oswego; fifth district, Robert Liston, M. D., Albany; sixth district, M. Grant McGinnis, M. D., Liberty; seventh district, F. D. Gridley, M. D., Binghamton; eighth district, Lee H. Smith, M. D., Buffalo; College, O. A. Hyde, M. D., New York City.

State Board of Medical Examiners representing the Eclectic Practice: Eli Denney, M. D., Amsterdam; D. E. Ensign, M. D., McGrawville; H. S. Blackfan, M. D., Cambridge; I. J. Whitney, M. D., Unadilla.

These officers were all unanimously elected and the recommendation of the committee adopted. Resolutions of thanks to the mayor, common council, press, exhibitors and retiring officers were then adopted, after which Dr. Lee H. Smith, in a neat and pleasant manner, installed the officers.

The newly elected president appointed legislative and advisory committees and editor of Transactions, after which the society adjourned.

For acne try the bromide of arsenic, 9 per cent. solution, 2 drops in a wine glass of water before meals.—*Summary.*

The Eclectic Medical Society of Missouri —“Eclectic Day” at the World’s Fair.

St. Louis, June 15, 1904.

To all those who wish to be entertained at the Hotel Epworth during the meeting of the National Eclectic Medical Association we wish to state that your reservation of rooms must be in the hands of the local committee before May 1, else you will have to pay more than the \$1.00 per day rate. The price is to be raised May 1 to all those who do not hold a certificate.

In reserving your room, please state explicitly the length of time you will be a guest, and be sure and reserve your accommodations the full length of time you will stay, for should you not do this and stay beyond your limit, you will have to pay the increased rate for the extra number of days you remain.

Good hotels, such as the Epworth, will be crowded in June (this statement is based on advanced bookings by this hotel for that month), and it behooves us to take advantage of the opportunity offered by the National and reserve our rooms early.

Send all applications for rooms to H. H. Helbing, M. D., 4235 West Belle Place, St. Louis, Mo.

The Boston District Eclectic Medical Society.

Boston, March 28, 1904.

The regular meeting of the Boston District Eclectic Medical Society was held on the above date, “The Thorndike” dinner being served in a private dining room, and was presided over by the president, A. Waldo Forbush, M. D.

All business matters being disposed of Nathan L. Allen, M. D., was called upon and spoke as follows upon “Radium and Its Therapeutic Uses.”

Any one reading the daily papers would imagine that the use of radium in medi-

cal practice had become, like mathematics, an exact science, but in its present state of development very little is known of its action upon the human body, but, as with many other agents, we are looking into the future, hoping for the many possibilities that it promises to reveal.

My object in writing this paper is not to give you my personal experience which as yet has been but very limited, but rather to give you some of the facts that I have been able to gather in my study of this new element.

Radium was first discovered by Professor Pierre and Madame Curie, of Paris, while making some photographic experiments with the Becquerel Rays and, using a superior specimen of the ore pitchblende as an excitant, they found that the radio-activity of it was four times as great as any preparation of unranium they had previously used.

In speaking of the radio activity of the radio-active metals, the principal ones of which are radium, polonium, uranium, actinum and thorinum; light is given off the moment they are freed, without having to be stimulated by any form of heat, light, electricity or any other form of energy, so far as is at present known.

In 1896 came the discovery of M. Henry Becquerel of the radiations emanating from uranium and which are known as Becquerel rays, and this is taken as the standard of comparison. Radium 7,000 radio-activity or polonium of 300 radio-activity, means that the one is 7,000 and the other 300 times more powerful than are the original radiations emanating from uranium or Becquerel rays.

Prof. Curie regards Radium as distinctly a new metal; it has never been found, however, in a metallic form, but is to be had as a chloride or bromide of which the radium bromide is the stronger.

The extreme scarcity of radium is to be regretted, also the costliness of its extrac-

tion from pitchblende, in which it is found in about the proportion of a grain to a ton, making a kilogram cost two millions of dollars.

I have no doubt, writes Prof. Curie, that a kilogram of radium would be sufficient to destroy the population of Paris, granting that they came within its influence. They would feel nothing during their exposure to the radium nor realize that they were in danger, and weeks would pass after their exposure before anything would happen. Then gradually the skin would begin to peel off, and their bodies would become one great sore. Then they would become blind, and would die from paralysis and congestion of the spinal cord. The smallest bit placed on one's skin will raise a blister that will take months to heal.

The radium for therapeutical use is prepared in the laboratories of Prof. and Madame Curie of 3,000, 7,000 and 10,000 radio-activity, and put in the small sealed glass tubes containing a decigram each. Even with this small quantity the utmost care should be taken, as it has been found that by carrying the tubes in the pocket for several hours serious burns are produced, so that if they are to be taken about the person they should be carried in a thick lead tube. Sheet lead has been found to be the best thing to prevent the escape of the rays.

Dr. Charles H. Merz, of Ohio, gives, in the *Electric-Therapeutist*, the best information that I have been able to find of a definite character regarding the technique of the application of radium in disease, such information being meagre and reports greatly varying.

Two methods of application have been in vogue, the choice depending largely upon the nature of the disease to be treated, its anatomical location and the strength or radio-activity of the radium to be used, which runs all the way from 250

to 500,000 radio-activity but I think the strength most frequently used at the present time is from 5,000 to 10,000 radio-activity, and the radium in a sealed glass bulb, or the bulb may be broken and the radium placed in a small metal case or bulb, the front consisting of an aluminum casing 1.100 of an inch thick, this being transparent to the emanations from radium.

Behind the radium there is a piece of lead from 1-10 to $\frac{1}{4}$ inch in thickness. The outside of the case or bulb has a seven-thread cut on it by means of which it may be screwed upon a holder small enough to be passed into the throat, nostrils and other cavities, so that it may be held a short distance away from the skin, the distance usually being one inch or less.

Exposures vary greatly as to length of time, and it is well to begin with an exposure of one or two minutes, watch the results carefully, and then gradually prolong the time of exposure. The treatments must be given with great care.

Radium is capable of producing powerful oxidizing or burning effects upon the tissues. It is without a doubt a powerful germicide, and one of its peculiarities is that its effects upon the tissues do not usually become manifest until at least two weeks after the application has been made.

It is most important not to give too long exposures at first, or until the effects produced commence to show themselves.

In the November, 1903, number of the *Journal of Advanced Therapeutics*, Dr. Margaret A. Cleaves, of New York, has one of the most exhaustive and timely papers that I have seen on the subject, in which she gives several interesting cases in her practice of a most promising nature, but concludes as follows:

The writer offers no opinion as to the outcome of these cases. They will be carefully watched and ultimately reported.

In her work she used two tubes of radium chloride, one containing a decigramme of 3,000 and the other a gramme of 7,000 radio-activity. At night in the dark they looked like glow-worms as they lay on her study table.

They can be placed within the accessible mucous cavities according to the location of the disease, within the nose, uterus, urethra and a device could unquestionably be made permitting the placing of one in the oesophagus or stomach even, if it is found that mucous membrane contact is the better method.

In breast cancer a puncture could be made with the electro-cantery in order to secure a bloodless opening, and the tube could be carried directly within the malignant.

Probably the method of application that will eventually prove most convenient and satisfactory is the one, I think, first introduced by Dr. William G. Morton, of New York, and here is his description of it:

"What I claim to have done," Dr. Morton is reported as saying, "is to have discovered a new method for the treatment of disease. I reasoned this way: People who live out in the open air and have plenty of sunshine are generally healthy. Sunlight is certainly a banisher of disease. Any physician will agree with me there. Now, the chemical effects of sunshine are due to the ultra-violet ray. The ultra-violet ray is sunshine. I found, after years of experiment that if certain salts and other chemical substances are dissolved in water and then placed in the path of X-rays or radium rays, they will fluoresce, and give off the ultra-violet ray. Now, if by any manner of means I could contrive to get a quantity of this fluorescent liquid into the blood of a patient, by simply turning on him the rays from an X-ray machine or from radium, the innermost parts of the body would be filled with

violet rays given off by the fluorescent liquid held in solution by the blood. In fact, he would be filled with sunshine. Now, granting the ability of outdoor sunshine to build up tissue and impart health to the diseased, why wouldn't internal sunshine do the same? It does. I succeeded in devising a number of liquids which give off the ultra-violet ray, and my experiments lead me to believe the discovery is a most remarkable one. As you see by the papers, I have cured disease by it."

As a fluorescent liquid he uses a solution of quinine in water (5 grains to the pint), in which the sealed tube containing radium has been placed until the solution becomes fluorescent in the dark, while Dr. Merz claims that he has had better results by using a saline solution.

The tube should be suspended in the centre of a pint bottle of salt water, 6 grains to the ounce, and allowed to remain there from forty-eight to seventy-two hours.

It must not be supposed that radio-active solutions are fluorescent enough in the dark to produce any effect appreciable to the eye, but photographic plates in a dark room should be well impressed by an ounce of such a solution at the end of forty-eight hours, thus showing its radio-activity.

Dr. Merz is using the above solution, in a case of gastro intestinal fermentation, in teaspoonful doses three times a day, and with excellent results, also compresses wet with the solution give immediate relief of pain in malignant diseases. This result, together with the marked antiseptic effect, would seem to make a saline radio-active solution a most valuable local dressing.

This at least is very interesting and who knows but that we may yet give a dose of medicine, and sit down by the patient and watch its action in the stomach,

etc., until it has been absorbed and we perceive its physiological action as we would see, in a well lighted show window, the goods there exposed for our benefit.

My experience with radium thus far has been confined to one case. Mrs. W.——— 72 years of age, and the early history is given as she has written it out for me:

"In April, 1903, after an attack of grippe my mouth became sore with white canker, and all washes recommended would only heal it for a short time. Then a small, hard lump came on my under jaw, on the right side, which prevented the wearing of my teeth, when it was removed by my physician in Maine. In a few weeks it came again, then going to Boston I went to Dr. John Perrins for advice, who said it should be removed. On Aug. 17th, assisted by Dr. N. L. Allen, Dr. Perrins performed the operation. The growth was sent to Tufts Medical School for microscopic examination and was pronounced to be a malignant growth. In a few weeks it began to grow again, and I again called upon Dr. Perrins, who gave me medical treatment, and sent me to Dr. Allen for electrical treatment with the ultra-violet rays. These were continued for the next four months with very good results. The electrical treatment has kept me in good physical condition. I could eat and sleep well, and have been very comfortable until about the middle of January, 1904, when, after a severe cold, I seemed to grow worse, the sore under and upon the tongue to grow larger and the glands in the side of my neck to enlarge and pain me a little until the first of March. Dr. Allen told me he did not think it would do any good to continue the ultra-violet rays any longer, and my friend wished me to try radium, which I requested Dr. Allen to do. I have now had ten or twelve treatments without any improvement to the glands and sore, but find after the treatment that I do not feel as well and cannot sleep at night as

well as I used to when I was taking the ultra-violet rays."

I think the above statement tells the whole story regarding this case.

I used a tube of radium from the Curie Laboratory of 10,000 radio-activity. The first treatment I made the exposure two minutes and the second three minutes, when I produced the nervous disturbance of which she speaks, but by reducing the exposure to two minutes we got on better as she writes. I cannot as yet see any improvement, and feel that it is going to be a failure in this case. With the ultra-violet rays for the first three months we got the most marked improvement, and we both began to have hope for what, at first, we felt to be a hopeless case, until she got the cold that she writes about when everything seemed to fail.

After these remarks the doctor introduced Mr. Frank H. Sweet, of Sweet & Lewis Co., Boylston street, Boston, manufacturers of the Kincaide Coil, who gave a very interesting exhibition. This included samples of radium in various forms, apparatus by which it could be applied, a large number of stereoscopic slides showing the effect of radium upon different substances, and the practical working of the machine—made by his firm—by which the ultra-violet rays are produced.

All present were much interested in the exhibition and the unanimous thanks of the society was tendered to Mr. Sweet for his courtesy.

The paper read by Dr. Allen was discussed.

Dr. Perrins said:

"Mr. President: I have no memorandum in reference to the case just reported by Dr. Allen and I do not know that I have anything in particular to say in reference to it, more than what Dr. Allen has already given us in his paper. I might, however, add perhaps a little.

"When the patient was brought to me for examination, I found the place from which the growth had been removed to be the lower jaw near the front and on the side adjoining the tongue. I think that part perhaps the doctor did not make quite clear. There was an ulcer as large perhaps as from $\frac{1}{2}$ to $\frac{3}{8}$ of an inch across it, and where the piece had been cut out by the doctor, who had charge of the case previously. It had fallen in again and I could see clearly the place from which the piece had been cut. It had grown a second time just enough to fill up the lower side of the jaw, making it impossible to wear the teeth.

"I looked the matter over very carefully and came to the conclusion that perhaps the surgeon was a little more conservative than he ought to have been and had left in some of the tissue. After explaining the matter to the patient I said I thought perhaps a more thorough operation might remove the difficulty so that we could close it in and heal it. I suggested the possibility but did not hold out very great encouragement. The time was appointed, I invited Dr. Allen to assist me, and I removed quite a good sized piece of the tissue and the cavity which it left gradually healed, and finally healed up pretty nearly the whole surface, and the ulcerated surface upon the tongue grew less.

I may say in conclusion that after the operation, I dressed it every second day with echinacea, and when pretty nearly healed, in accordance with Dr. Allen's suggestion, I put into the tube a little of the clear echinacea. Followed it up for some time and all was going on very nicely, the patient being able to eat and drink very comfortably, when she took a severe cold and for one reason or another, she began to neglect the treatment a little. She did not feel that she could quite afford to go on with the treatment and did not know

what to do, and partly made up her mind to go back home and let the thing take its own course. At this point Dr. Allen wished to try the violet-ray, together with the administration of echafolta.

"Finally the case went out of my hands, Dr. Allen taking entire charge of it and he has given you a report of the failure of the treatment up to the present time. I do not know that there is anything further than that."

Dr. Tenny, referring to the use of the violet rays, said:

I had a case a while ago which I took to be cancer in the lower eyelid. It was drawing down the upper lid so that there was very little use of the eye. I suggested that I would try the use of the electric needle (electrolisis). This seemed only to aggravate it. Then I suggested that she use the X-ray. I bought a mask and covered it with tea lead and only exposed that part of the eyelid which was effected; tried to shield the eye as best I could. I applied that twice a week for about three months and it seemed to me that it was lessening. She finally concluded she would wait a while and not take any more, and I did not see her for a long time. I told her at the time I stopped treating her that I wished she would let me cut out a piece of it and have it examined with a microscope, and see what kind of a cancer it was. She said she had no curiosity.

Dr. Miles.—Speaking of the saline radium solution mentioned by the essayist enquired if this might be used as a medium to be applied in diphtheria? The question arises whether or not, in diphtheria, you would effect anything more than the surface, that is, enough to cure the disease.

Dr. Allen.—If it was used in my family I should feel like putting them out of the house unless they know more about it than

at present. Of course both the ultra-violet ray and this radio-activity are claimed to be very good germ destroyers.

Dr. Forbush.—Speaking of the violet ray, we hear of failures and all that. Can you tell us of any successful cases?

Dr. Miles.—I had a patient from Boston who had had a skin cancer for about 15 years. Has had five operations and had it cut out five times. He has been in Dr. Williams care most of the time for about nine months. It is not entirely healed but it is showing greater signs of cure than at any time within the last 15 years excepting when it has been cut out, when it has healed for the time being. Dr. Williams encourages him that it will be entirely cured. He has received more benefit from the X-ray than from anything else. Dr. B.—— would not think of touching with his knife any form of cancer about the lips or the face, at all. He would at once send them to Dr. Williams or some other equally eminent. I have not seen him now for about two months but I understand he is improving.

Dr. Allen.—In breast cancer I think we can speak with a good deal of assurance, judging from my experience and investigation along that line. I think, as Dr. Miles says, that the day of putting the knife into a growth of that kind, is going by. I have tried, I think, four cases of lumps in the breast with cataphoresis. Whether they were cancerous growths or not I cannot say but we found lumps in the breast as large as hen's eggs. There have been three other cases that have been quite successful in which I have carried the medicant into the tube. I think now that I should use the rays first. I would state that with the radium there is no question about its diminishing the amount of pain. This is always very, very marked. Whether a cure is effected or not, it almost invariably reduces the pain.

Connecticut Eclectic Medical Association.

The meeting of the Connecticut Eclectics will be held Tuesday, May 10th, 1904, at the Allyn House, Hartford, commencing at ten o'clock A. M. An elaborate program has been arranged by the officers, some of whom are veterans at this work.

A cordial invitation is extended not only to the Eclectics of Connecticut, but to all interested in the progress of reform medicine.

LEONARD BAILY, M. D.,
President.

GEORGE A. FABER, M. D.,
Secretary.

Eclectic Medical Society of the City and County of New York.

New York, March 17, 1904.

The regular monthly meeting of the society was held at the college parlors on the above date, with President Herzog in the chair and Dr. Heeve recording.

Forty-one members responded to the roll-call, with Drs. C. W. Brandenburg, Dincin and Hollander as visitors from neighboring societies.

Dr. Pomroy presented a most interesting case of sarcoma of the dura mater, of the recurrent type, which had received operative, X-ray and Coley's injection of toxins but without results.

Dr. Boskowitz presented a sample of the fluid of a case of fibrocystic tumor, and related the history, stating that six one sitting. Microscopical examination gallons of sanguinous fluid were drawn at confirmed the diagnosis.

Dr. Hyde, the essayist for the evening, read a most interesting paper, entitled "Fallacies of McBurney's Point."

Dr. Boskowitz opened the discussion, calling attention to the numerous diseases which may give rise to tenderness at McBurney's point. Further discussion

was entered into by Drs. Thompson, Krausi and Herzog.

It was moved and carried that a special meeting be called for March 31, to act on members in arrears for dues, appoint delegates to State Society meeting and transact such other business as may be necessary.

We then adjourned.

SPECIAL MEETING.

A special meeting of the society was held on Thursday evening, March 31, 1904, twenty members being present, Dr. Krausi acting as chairman *pro tem*, Dr. Heeve recording.

Dr. Graves was elected to honorary membership.

A committee of three was appointed to select delegates to the State Society and recommend same for permanent membership.

Dr. F. Hollander was elected to membership.

W. L. HEEVE, Secretary.

The Tennessee Eclectic Medical Society.

The above named society will meet in annual session at Nashville, May 25th and 26th, 1904. B. L. Simmons, M. D., president; T. E. Halbert, M. D., recording secretary.

Query Department

Conducted by

PITTS EDWIN HOWES, M. D.

Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 23th of the month in order to be answered in the next number of the REVIEW.

P. F. K.—Do you believe that the tablet form of administering a remedy is superior to the liquid, or vice versa?

It is generally acknowledged that all medicinal agents act through the blood. The digestive apparatus of the human

economy was designed to carry the necessary surplus into the blood. In order that this may be accomplished all ingredients must be transposed into a fluid medium. Hence it can be easily seen that those agents which are already fluid will act much more quickly than those which must be given a certain length of time to become liquified.

The foregoing facts being accepted, the liquid preparations must receive the preference, especially if a speedy action is desired.

Selections

Chronic Bronchitis Treated with Ichthyol.

Dr. De Brun (*Ther. Gazette*, xxvii, No. 6) recommends ichthyol internally in the treatment of chronic bronchitis. He prescribes as much as 15 grns. each day, made into ten pills with some inert powder; and he asserts that the results are marvelous—cough diminishing, and the patient passing a good night undisturbed by the coughing and expectoration; the rales become fewer in number; there is a distinct improvement in the vesicular sounds; and the dyspnea also disappears. Another method of employing this drug consists in its use in the following formula:

Ichthyol	30	grn.
Glycerin	4	dr.
Syr. Orange.....	4	dr.
Water	3	oz.

A half to one teaspoonful of this mixture is given several times a day.—*Merck's Report*.

Dispensary Treatment of Tuberculosis.

A dispensary for the treatment of pulmonary tuberculosis is to be opened by the Department of Health of New York City. The objects of the clinic are to be: The early recognition and diagnosis of cases of pulmonary tuberculosis, the care of patients applying, the continued observation at their

homes of indigent, needy, and ambulatory patients; the removal to a hospital of patients requiring hospital treatment, the provision of a municipal institution to which all tuberculous patients may be referred, the extension and strengthening of the sanitary control of tuberculosis among the poor of the Department of Health, care of patients with laryngeal tuberculosis. As to the home cases, a special staff of trained nurses will visit the patients at their homes, to see that the instructions given are being observed, that the sanitary surroundings are satisfactory, and that such assistance as is required is afforded. In suitable cases the patient will be referred to the various charitable organizations for food, fuel, ice, etc. Special attention will be paid to the children in the family, and every effort made to prevent their infection. The plan represents a grappling with the practical difficulties of the tuberculosis problem which is most commendable and well worthy of imitation—*American Medicine*.

Vital Force.

The following paragraphs are from an address by Dr. Wyman, of the U. S. Medical Department, before the Pan-American Medical Congress:

"Many people go about with virulent diplococci of pneumonia in their respiratory tract, but do not have pneumonia. Why? Because their cells are vigorous enough to prevent the diplococci invading the lungs. But put such a person under bad sanitary conditions, or depress his vitality, and the microbes are not phagocyted—they invade the lungs, and pneumonia and death follow."

"In times of cholera epidemics men go about with living, virulent cholera vibrio in their intestinal canal, yet they are not sick. Why? Because the conditions for the production of the cholera toxins are not favorable—there is no abnormal flora in their intestinal canal. But let such a person eat

poor or tainted food or derange his digestion through indiscretion or evil sanitary surroundings, and the disease results."

"Many people live a long and active life with tubercle bacilli encysted in the apex of one lung. As long as they have plenty of fresh air and sunshine and good sanitary surroundings they remain well. But give such a person poor food or bad sanitary surroundings, and see what happens. The battle going on between the bacilli and the cells results in a victory for the bacilli. The cells die and the victorious bacilli spread havoc through the lungs."

"A hospital can not cleanse a poison-infested district nor diminish the constant supply of patients from an undrained and malarious locality."

"It is well to remove the weak and tempted from bad environment; better still to improve the environment."

"It is well to go down to the folk-swamp and rescue one here and there; better still to drain the cesspool, improve the tenements, prevent adulteration of food and drink, inspect factories, and compel use of devices for averting accident and disease. The wall at the top of the dangerous precipice is worth far more than an ambulance at the bottom."—*Suggestion.*

Specific Methods.

Among the many things that has pleased us in the many conversations we have had with our physicians the past summer, that which made the greatest impression upon our mind was the satisfaction with which the different doctors spoke of the results of their practice and the universal confidence they had in Eclectic methods.

It is an undeniable fact that there is no class of physicians who can so quickly establish a reputation as successful practitioners as our own physicians, and this success we would not attribute to the superior intelligence of the physician, but to the correctness of and the practical adaptability of the

method. We first study the condition and know its every essential factor, we then study our remedies until we know the exact line of the unvarying effect of each, then applying the individual remedy to the indication or group of indications to which it is specifically applicable, our results are certain.

It is also necessary to pay careful attention to the character and reliability of the agent we use. Old drugs, poorly prepared remedies, precipitated, decomposed or otherwise altered medicines should be rejected. Nothing should be used but those that have been manufactured by the most exact methods and by the highest possible exercise of pharmaceutical skill, resulting in agents of a permanent and unvarying character. Of such remedies the smallest efficient dose should be given and complex preparations should be avoided, single remedies being advised as often as possible.—*Chicago Medical Times.*

Book Reviews

"The Perpetual Visiting and Pocket Reference Book." Including information in emergencies from standard authors, also the following comprehensive contents: Table of signs and how to keep visiting accounts, obstetrical memoranda, clinical emergencies, poisons and antidotes, dose table, blank leaves for weekly visiting list, memorandum, nurses' addresses, clinical record, obstetrical record, birth record, death record, vaccination record, bills rendered, cash received, articles loaned, money loaned, miscellaneous, calendars for 1904 and 1905. Bound in Morocco, red edges. Pages 124. Price free. The Dios Chemical Company, 2940 Locust street, St. Louis, Mo. 1904.

Those of our readers who desire this visiting list, and it is a neat, compact, handy list, can have same by enclosing

ten cents in stamps for postage to the Dios Chemical Co., St. Louis, Mo.

"Transactions of the Ohio State Eclectic Medical Association for the Year 1903," including the proceedings of the thirty-ninth annual meeting held at Put-in Bay, July 14th, 15th and 16th, 1903, together with the reports, papers and essays furnished for the several sections; also an appendix, including papers selected from the Proceedings of the Ohio Central Eclectic Medical Association. Edited by the Committee on Publication—Drs. J. P. Harbert, Bellefontaine; W. S. Turner, Waynesfield, and J. K. Scudder, Cincinnati—and published by the Association.

We are always pleased to receive the Ohio Transactions, and this volume is better than many of its predecessors. It not only contains the papers read, but the discussions. The volume is neatly gotten up; and credit is due the publication committee for a well edited book.

Items

Dr. A. B. Whitney, one of the best known Eclectics in Greater New York, has removed his office and residence to 216 West 79th street.

The New England Eclectic Medical Association will hold its tenth annual meeting June 2nd and 3rd, 1904, at the Thorndike, Boston Mass.

Percy Lee Templeton, M. D.,
President.

Sylvina Apphia Abbott, M. D.,
Recording Secretary.

If you expect to attend the "National," don't delay about securing your room.

The Ladies' Auxiliary of the Kings County Dispensary Society elected the following officers at their last meeting:

Mrs. M. B. Pealstein, president; Mrs. H. Stoesser, vice-president; Miss L. Schulmann, secretary; Mrs. J. A. Nordbrock, treasurer. This society meets the first and third Tuesday of each month at the Bedford Mansion, corner Bedford and Willoughby avenues, Brooklyn.

The symposiums at the State meeting were so interesting that it has been suggested that at the Alumni meeting we have one on "Radium and X-ray Therapy." President Nilsson may accept the suggestion.

Tempting fate—graduating exercises—Friday evening, May 13th.

"Willie the Weary" did not have his usual good luck at the State meeting. A one armed man was reported on the train.

The subscription blank will be found among the advertising pages—don't be afraid to use it.

Read the advertisements—send for samples and literature—and don't fail to mention the Review.

The prospects for a large delegation from New York to the National are good—over 25 promises in at this time.

For one month—"Fyfe's Materia Medica," "Wilder's History of Medicine" and the Review for the remainder of the year for \$3.50.

THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

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Friday, May Thirteenth.

On the above date the Alumni meeting and commencement exercises were held. The first at the College Building and the latter at Carnegie Lyceum. The Alumni meeting was the best attended and the most interesting that we have held in years. More classes were represented 28 answering to the roll call and at the graduating exercises at Carnegie Lyceum the following received their degrees:

Augustus Abraham Greenberg, Frances Kesnet, William Richard Cunningham Latson, Sylvia Lewis, William Everts MacLachlan, Ida Mendelson, Abraham Newler, Jacob Ohlbaum.

The smallest class ever graduated at our college, but it did not want for encouragement or enthusiasm. The hall was crowded with friends of the college. A profusion of beautiful flowers was on the platform and Squadron A Band furnished enlivening music throughout the evening. The report of the faculty was given by Prof. Josephus H. Gunning, who also awarded the prizes, C. H. S. Selinger receiving the prize from the chair of physiology, and A. A. Greenburg the prize from the chair of electro-therapeutics. President W. R. Spooner conferred the degrees and the address to the graduates was delivered by Regent Edward Lauterbach. This address was so replete with encouragement and good advice that we shall print it in full in the June number of the REVIEW. W. R. C. Latson delivered the valedictory, after which the Beachonian Society (student's society) tendered a banquet at Tuxedo to the graduates and friends.

"I Am An Eclectic."

In an interesting sketch, giving a brief account of several of the early advocates of reform in medicine, Dr. Alexander Wilder refers to the founder of Eclectic medicine as follows:

"Doctor Beach was a native of Fairfield County in Connecticut, but derived his first notions on a Reformed practice from Dr. Jacob Tidd, of Hantredon County, in New Jersey. He held discussions with Dr. Isaac Sperry and his relatives in Connecticut. He was less ultra in his notions than they, and was more ready to adopt any procedure that would benefit a patient. In one of these discussions he remarked his willingness to accept from others their notions, when he found these to be of utility.

"'Thou art not a reformer,' said Dr. Sperry; 'you are only an Eclectic.'

"'You have given me the word which I wanted,' Beach replied: 'I am an Eclectic.'"

This statement from Dr. Wilder ought to settle for all time the fact that Dr. Wooster Beach was the first American physician ever known as an Eclectic. Ever since this discussion with Dr. Sperry the followers of Dr. Beach, and their successors, have been distinguished from the Thomsonians by the name adopted at that time by the founder of the Eclectic school of medicine, and no name could more appropriately be applied to the organization. "Dr. Beach was ready," says Dr. Wilder, "to adopt any procedure that would benefit a patient," and this liberal spirit has characterized the leading men of our school from Beach, its founder, down to the present day. May it be ever thus.

J. W. F.

DR. TEMPLETON DEAD.

Former Well Known Practitioner Here Dies in Vermont.

The sad news has been received in this city of the death at Glover, Vt., on Saturday night of Dr. Wilbur F. Templeton formerly a well known practicing physician in this city.

Dr. Templeton left Manchester four years ago this month for Glover and a

year ago last February he was seized with a severe attack of la grippe, from which he never really recovered.

Two weeks ago last Friday he sustained a shock and his death ensued on the 7th inst., as has been seen. His age was 68 years.

Dr. Templeton was born in Vermont and graduated from the New York Eclectic College. He was a pioneer eclectic and had had great success in his chosen profession. He came to this city in 1887 and met with immediate success, and during his entire residence here he not only had a large and remunerative practice here, but was frequently recalled to Vermont. He was always a hard worker and four years ago, feeling the need of a relief from the strain of a large city practice he dispensed of his business and retired to Glover, where he has since remained. Dr. Templeton was not only an accomplished and successful practitioner, but he was also a courteous and highminded gentleman, and his friends in Manchester were legion. To them the news of his death will come with great sorrow and poignant regret. He is survived by a widow and one brother, a practicing physician in Montpelier. The funeral will be held at Glover tomorrow at 2 P. M.—*The Manchester News*.

Original Articles

Verbena. Vervain.

BY CHARLES LLOYD, M. D.

(The Latin name of some sacred herbs.) The genus is of difficult analysis on account of numerous hybrids, both wild and cultivated; there are seven varieties of the garden verbenas and five of the wild. Most of the wild have been used to some extent in medicine.

The one I wish to call your attention to is the *verbena hastata*. The blue vervain.

sometimes called purvain, simplers joy and wild hysop. This is the American variety, not the *verbena officinalis* of Europe. In the botanical description of this plant I can do no better, after looking over many, than to quote that given in the American Dispensatory by Dr. John King, edition 1,854: "It is an erect, elegant and perennial plant, with an obtusely four-angled stem, three or four feet high, and having opposite, paniculate branches above. The leaves are opposite, petiolate, lanceolate, acuminate, rough and incisely serrate; the lower often lobed or somewhat hastate. The flowers are small, blue, or purplish blue, sessile, tetrandrous and arranged in long, erect, slender, imbricated, terminal and axillary, panicled spikes. Calyx five-toothed; corolla funnel-form; limb five-cleft, nearly equal; seeds four.

History.—Vervain is indigenous to the United States, growing along roadsides, pastures and dry, grassy fields, flowering from June to September. The root is the part chiefly used; it is woody and fibrous, and of a faintly bitter, somewhat astringent, nauseous taste, and imparts its properties to water. The leaves are used, but they are less active.

Properties and Uses.—Vervain is tonic, emetic, expectorant and sudorific. As an emetic in large doses and sudorific it has proved beneficial in intermittant fever, given in warm infusion or powder. In all cases of colds, and obstructed menstruation, it may be used as a sudorific. The cold infusion is a good tonic and anti-periodic in small doses; in cases of debility and anorexia during convalescence from acute diseases; it is also a gastric tonic. It is reputed valuable in scrofula, visceral obstructions, gravel and worms."

Professor John Scudder in his tenth edition of *Specific Medication*, says: "It relieves irritation of the stomach and intestinal canal, promotes digestion and pro-

motes secretion. It is but little used at the present time, but may be studied with advantage." He recommends "a tincture prepared from the fresh root with alcohol of 98 per cent.; gtts. x to gtts. xx may be added to water \bar{z} iv., and given in doses of one teaspoonful."

The dose of the powdered root is from one to two scruples; of the infusion from two to four ounces, three to four times daily; if an emetic, larger and more frequent doses. Fluid extract from half to one drachm.

Doctor John W. Fyfe, in his "Materia Medica and Therapeutics," says the "indications for *verbena hastata* are: Epilepsy, obstructed menstruation, acute catarrhal conditions. It is said that this agent has cured cases of epilepsy which have been unsuccessfully treated for a long time by many other methods. The fluid extract of the root in doses of 20 to 60 drops are recommended in these cases. Usual dose 10 to 30 drops."

In weak digestion, where the tongue is **moist and flabby**, with a dragging and falling feeling about the epigastrium, and especially with a severe headache, the doses are to be given small. In epilepsy, with these symptoms and where there is an atony of the cerebro-spinal system and the patient is emotional, the larger doses are to be administered, if nausea ensues, then reduce the dose. In one case, where the patient had twelve spasms in the twenty-four hours, it was cured with a dose of fifteen drops, every four hours.

Dr. W. Paine, in his "New School Medicines," page 172, edition 1,865, states that "*verbena hastata* has been used with good results in rheumatism, gout and piles; the dose of the tincture being one drachm three times daily."

It is said to be one of the most powerful diaphoretics in nature. In its expectorating and emetic qualities it ranks next to lobelia.

In bringing this plant to your notice, I am mindful of the fact that the *Materia Medica* is already overcrowded with drugs, whose virtues are illy defined and less understood. I would not add to this number, were I not observant of the results of repeated and careful experiments. If one can testify to but one specific effect of a drug, in antagonizing disease, it surely ought to be recorded. The *verbena hastata*, then, is a specific for rhus tox poisoning. I am indebted for my knowledge of this fact, first from S. M. Griffin, M. D., who read an article at the Homeopathic Medical Society of the State of New York in 1870, and I have verified his experience many times since. I quote abstracts from his article to show what led to his knowledge of the drug:

"In the early Autumn of 1868, I was called in Dutchess County to an extreme case of scabies. The father of the patient remarked that in the early stage of the disease he thought it a case of rhus poisoning, but, on applying what always cured that, he found no benefit resulting. I inquired casually what it was he knew 'would always cure' rhus poisoning, and he pointed out a common wayside plant, observing that he had often seen it used, and never without great benefit. I thought no more of this at the time, merely taking special notice of the plant in order to know it again if desirable.

"A few weeks later I saw a similar case of scabies in an entirely different section of country; and as this case also had, at one time, resembled rhus poisoning, the same remark was made as in the former case, viz.: 'they knew it was not a case of rhus poisoning, because the remedy which had always cured that had produced no effect at all.' On inquiring what it was they depended on with such certainty, the same plant was pointed out as before.

"Not long after this I saw a very severe case of rhus poisoning, and recalling what

I had heard of the remarkable powers of the plant in question, and remembering with chagrin my own failures in previous cases, I determined to try the new remedy.

"The patient was a young lady of fourteen years, with face and hands enormously swollen. I gathered a handful of the plant, and directed an infusion to be prepared, with which the parts affected were to be bathed. On seeing the patient the very next day, I was surprised to find the tumefaction almost entirely gone, and all the symptoms abating. My attention being now fairly drawn to the subject, I preserved a specimen of the plant for analysis and found it to be the *verbenā hastata*.

"This plant grows abundantly all over the country, usually by roadsides and in low grounds; stem square, three or four feet high; branches opposite; flowers small, blue, in spikes, coming out first, in July, at the base of the spike, in a whorl; this whorl progressing upward, until, at the early frost, it has traversed the entire spike. I prepared a tincture from the leaves and smaller branches, from which I have repeatedly used. It is unnecessary to describe in detail all the cases in which I have used it. I only state that, in nearly a dozen cases of rhus poisoning during the past year, I have used it with perfect success in every case. I put enough of the tincture into water to slightly color the water, and bathe with this mixture twice or three times a day. The itching and burning are at once relieved, and usually, after twenty-four hours no trace of the eruption remains. In eruptions simulating that caused by rhus it does no good whatever."

Shortly after hearing this paper read I procured some of the fresh plant, leaves, twigs, or upper stalks, and flowers, bruised them and made a saturated tincture with rectified spirits. I used this preparation as recommended, and in cases of prolonged standing and where there was ex-

treme swelling, I gave it internally as well, adding half a drachm to four ounces of water; dose, one teaspoonful every two hours, until improvement takes place; or, if nausea ensues, then lessen dose and less frequently. I have had positively good results. Occasionally, when I had used all my tincture and it was out of season for obtaining the plant, I have resorted to a few fluid extracts, but with disappointing results.

The *verbena urticifolia*, or white vervain, is said by Prof. John King to be an excellent antidote for the rhus tox poisoning—the root boiled in milk and water and applied.

Dr. E. Day, of Great Tower, Ill., states: "The roots of this plant have been successfully used in the form of a decoction for the cure of intermittent and remittent fever. Its employment for a week in a case of intermittent was not only entirely successful, but also cured the individual of the opium habit of four years' standing."

The *verbena officinalis* is the European variety. In Piffard's *Materia Medica and Therapeutics of Skin Diseases* a tincture of the leaves and fresh plant was used for alopecia. It is used also internally for severe headaches, with pains sharp and ringing; also in cases of swollen glands.

Brooklyn Heights, N. Y.

A Brief Review of Radium.

BY HENRY E. WAITE, M. D.

Let us not approach the consideration of this most recent addition to therapeutics with the blind faith of those who would believe that with the discovery of this new substance comes the dawning of the day when the blind shall be made to see, the lame to walk, when we shall mark the passing of all diseases due to parasites and bacteria, when tuberculosis shall be as a thing that was, and when the cure of

cancer—that goal toward which modern scientists so earnestly strive—shall be an accomplished fact beyond doubt or peradventure.

Nor yet should we view it with the scepticism of those, who, having suffered failure in inappropriate cases, would forthwith banish it to the limbo of the many measures previously exploited which have been tried, but have been found so woefully wanting.

Let us rather regard it with a sane, calm and impartial judgment, appreciative of its limitations, but keenly alive to its marvelous possibilities. While we may not as yet have a slingshot sufficiently powerful to slay outright the Goliath, disease, we may perchance be in possession of an arrow, which, skillfully directed, may pierce a vulnerable spot.

So numerous have been the articles appearing in both scientific journals and the lay press that radium has become almost as familiar a term as sapolio, and a brief mention of its physical properties will, therefore, suffice.

As Dr. Hedley says, in this substance we seem to approach the border-line where matter ends and force begins. Indeed, one theory assumes that radium is a metal in a transition state, which may eventually establish a new atonic equilibrium and assume again the common properties of a metal.

To Prof. and Mme. Curie belongs the credit of priority of discovery of this new element, for an element it has been proven to be by the spectrum analysis. By tireless effort they extracted from many tons of uranium residue, obtained from pitchblende, two decigrammes per ton of a product of enormous radio-activity. Radium bromide is the strongest salt, but only infinitesimal quantities of this have thus far been produced.

Radio-activity is rather arbitrarily expressed in figures. Uranium is taken as

unit strength and the radio-activity of radium is represented by 1,000,000. Upon this basis the preparations of radium thus far used for medical purposes would be said to have a radio-activity of 1,000 to 19,000. In some instances, however, the question of the radio-activity of a given specimen is a mooted point. I call to mind one instance in which the proud possessor fondly imagined himself to be experimenting with a specimen of a radio-activity of 20,000, which, upon careful testing, proved to be but 600!

A peculiar property of radium is that it is able to maintain its own temperature at 2° to 3° F. above the surrounding air without deriving its heat from any apparent source. Various theories as to the cause of this have been formulated, but as yet none of those advanced are entirely tenable.

The emanations from radium are divided into three groups, and although they resemble Rontgen rays to some extent, they are in other respects dissimilar. The classification is as follows:

a. Emanations not affected by an ordinary strong magnetic field and incapable of passing through any but the very thinnest material obstruction. Although of very much less penetrating power than the next group, they have about 1,000 greater energy.

B-rays, analogous to cathode rays, are deflected by a magnetic field, have greater power of penetration and are projected from radium with a velocity approximating that of light.

Y-rays are the most penetrating of the radium emanations and are analogous to Rontgen rays. They are considered as vibrations of the ether, produced by the sudden arrest of the electrons, the "cathode stream," coming into contact with solid matter.

Deflectable emanations affect a screen of barium platino-cyanide strongly, and of

zinc sulph. only slightly; the non-deflectable positive atoms (a-rays) have comparatively little effect on the platino-cyanide, but powerfully affect the zinc sulph. If a particle of radium nit. be brought to bear upon the latter and the surface be examined with a lens magnifying about 20 diameters, numerous bright scintillations will be seen, due probably to the bombardment of the screen by positive atoms projected from the radium.

Investigation has shown that emanations from radium have the power of discharging electrified bodies; they also possess photographic and fluorescent affects, an oxidizing action and the power of converting oxygen into ozone. An article in a recent journal demonstrates that the different components of this complex radiation possess these powers in varying degrees. It is stated that a-rays coagulate electrically negative colloids, and dissolve positively charged colloids, while b and y-rays produce chemical changes and oxidize tissues.

The power of discharging electrified bodies is an easy test for radio-activity. A stick of sealing wax rubbed on flannel is capable of attracting pieces of thin paper, but if the rubbed sealing wax be passed over radium this power is lost.

It is claimed that the emanations from radium have a bactericidal effect, it being shown in many instances that the organisms were killed in those places where they had been exposed to the action of over 10 milligrams of radium bromide. The organisms so affected were *bacillus coli communis*, *bacillus liquefaciens* and *bacillus prodigiosus*.

Concerning the physiological effects of radium not much is definitely known. It will produce luminous effects upon the closed eye, supposed by some to be due to fluorescence of the membranes and by others to an action on nerve centers. It is this fact which has led to the exaggerat-

ed claims of the usefulness of radium in blindness, none of which have as yet been substantiated. There is no virtue in radium to restore sight, although it may be employed as an indication whether, as in cataract, the optic nerve is or is not intact. Other methods are, however, at our command for the same purpose, and, indeed, the danger attaching to the promiscuous use of radium for such purposes will preclude the possibility that it will ever become very extensively employed for this except in the hands of experts.

Burns similar to those of X-rays are produced upon the skin, the muscles being more resistant. It has been observed that atonic ulceration, lasting five or six months, has been produced by too prolonged exposure to radium. So, even though it should become cheap and abundant, unless means are devised for the mitigation of this danger, its use must still be restricted to certain well-defined cases.

Entering now upon the discussion of that which concerns us more directly, i. e., the therapeutic effects of radium, these must of necessity vary with the radio-activity of the salt used, the method of its application, the condition of the part, the length of the exposure and the distance from the surface treated.

Two methods may be employed according to the nature and requirements of the case; short and repeated exposures and prolonged applications producing ulceration.

Experimentation with this new substance is still in so crude a stage that there is as yet no great variety in the method of application. The salt has usually been put up in a glass tube and the application made by holding the tube to the skin. As further work is done along this line it is quite probable that many other and more convenient, accurate and effective methods will be suggested.

As to the theory of its action, Exner and Holzkmnecht consider that "radium rays irritate the cells of the strata of the skin less vehemently than they irritate the cells of cancer and sarcoma. The latter are brought to necrosis before the other tissues suffer severely from the effects." Others hold that we have in the various forms of radiant energy the power of checking, or of attenuating, or of rendering the tissues resistant to the growth of certain parasitic organisms.

The number of those who are experimenting with radium is large, but up to the present the percentage of authentic cures is small. Many there be who rush into print with incomplete details, but with fantastic theories, and we would do well to weigh the evidence carefully before deluding ourselves with the idea that we have here an agent more powerful for good than subsequent developments may prove it to be.

Current literature reports a number of cases of lupus in which radium has been curative. Dr. Danlos, of the St. Louis Hospital, Paris, is inclined to be rather more conservative. He states that while it looks as though radium would cure lupus, and that there is every reason to believe that it may do for lupus all that the Finsen light will do for it and do it more quickly and simply, still there have been some relapses and some failures, and he considers it too early to make sweeping statements which may only arouse false hopes.

Cases of psoriasis, rodent ulcer, melanoma, carcinoma and epithelioma are also reported, in some of which the results would seem to be brilliant and encouraging. There is, however, a lack of uniformity and a paucity of detail which would engender the hope that experimentation might be conducted under more definite conditions, on carefully diagnosed cases, and that the radio-activity of the

salts employed might in each instance be given, so that the data might be of more practical value.

It would seem that radium should be especially valuable in the treatment of deep-seated malignant growths inaccessible by other means, but experience seems to show up to the present, that for the treatment of superficial lesions in accessible locations, the X-ray is equal, if not superior, to radium, the treatment by X-ray having the additional advantage that the exposure required is only two or three minutes, while an equal effect from radium requires an application of at least half an hour. Dr. Abbe mentions a comparative test in the case of a man attacked with epithelioma simultaneously in both ears, one of which was treated with radium and the other by means of the X-ray. A cure followed in each instance, the only difference being in the length of time required for treatment.

We may no more hope to cure every case of cancer by means of radium than we may hope to cure every case of headache by means of the correction of errors of refraction, and we are still face to face with the fact that we have not yet found that cure-all so earnestly sought, but that radium will only cure in some instances and that we will still continue to meet cases not amenable to treatment by radium or anything else.

In view of the fact that the emanations from radium have been shown to have a certain bactericidal effect, the ground has been taken that radio-active air taken into the lungs should prove effective in the cure of tuberculosis. It may be that the theory will stand analysis, but as yet we have no definite data upon which to base conclusions.

The study of this fascinating element is as yet in its infancy and it is quite probable that within the next few months numerous startling theories may be ad-

vanced, many of which will doubtless be speedily abandoned as unsound, but let us hope that with the lapse of time there may be the promulgation of sound theories and that conscientious and painstaking experiment and clinical data may show that we have in radium an invaluable addition to modern therapeutics.

New York.

TO THE EDITOR ECLECTIC REVIEW:

In the April number of the REVIEW you published a simple method of preparing hydrated oxide of iron, which is used as an antidote in arsenical poisoning. The formula for same consists in precipitating tincture muriate of iron (4 oz.) with one drachm of ammonia water, the resulting precipitate being thrown on a muslin strainer and washed with fresh water to free it from ammonia.

If any one has made the hydrated oxide by this method (and it always must be made fresh to be effective), they will know what valuable time is lost in washing this precipitate. I therefore wish to make known to your readers a more simple method of preparing this most valuable of arsenical antidotes, which is as follows:

Mousels solution (about) 2 ozs.; mix with 6 or 8 ounces of water and stir into this a handful of calcined magnesia. This forms the hydrated oxide of iron immediately, the magnesia combining with the acid, forming sulphate of magnesia. This preparation requires *no washing*, hence no time is lost, and can be administered to patient directly when mixed; the sulphate of magnesia which forms acts as a purgative, ensuring prompt evacuation from the bowels, making it of greater value than when the hydrated oxide alone is administered.

M. AUGSBURGER, M. D.

Therapeutics

Edited by

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

Pulsatilla in Measles.

Every progressive therapist has long since learned that pulsatilla constitutes a medicament of vast importance, and that its field of activity includes numerous wrongs of life. It has not, however, been generally recognized as a remedy possessing properties peculiarly adapted to the treatment of eruptive diseases when the eruption shows a marked tardiness in making its appearance on the surface. It is, therefore, observed with a considerable more than ordinary interest that this particular property of the drug is made a prominent feature of a very interesting article written by Dr. W. C. Cooper, and recently published in the *Medical Gleaner*.

In the article herein referred to Dr. Cooper gives a very racey account of an extensive experience which he and his associate (Dr. W. S. Bogart) have recently had in the treatment of measles. They had under their care eighty odd patients, and the cases ranged all the way from the simple in character to the (as the doctor puts it) "atrociously malignant." Eight of the cases Dr. Cooper describes as follows:

"With the circular function wholly knocked out by a coalescent mass of dark purple *crups*; with mucous membranes as black as tar; with all the tissues turgid and swollen; with a conjunctivitis that became virulently purulent; with the nares, palate, fauces, eustachian tubes, trachea, esophagus, stomach and bowels as thickly broken out as the rest of the body; with diarrhoea, vomiting, sordes, a tempera-

ture of 105° - 106° ; with an odor that could quintuply discount "the stench of hell"; with constant delirium, and, in one case, mania; with a continuance of the eruption for from six to ten days; with a relentless and violent cough, and with subultus tendinum, jactitation, and, in two cases, Cheyne-Stokes respiration—with all this, what else in the universe could have furnished an excuse for their recovery than the studied application of modern Eclectic methods?"

In concluding his report of the complete recovery of all of the cases which he and Dr. Bogart had under treatment, Dr. Cooper says:

"In this connection, I want to call attention to the power of pulsatilla as an *eruptant*, so to call it. Perhaps a dozen times in my life, I have been called to children who had made only partial recoveries from measles in consequence of a recession of the eruption, or of failure in the appearance of the rash. In these cases I have always given pulsatilla with complete success. I remember one case in which the eruption had almost entirely failed to appear. The child "punied" along in an etiolated condition for three months. Several doctors had a whack at it, only to throw up the case at last in disgust—a disgust that was heartily reciprocated by the patient (thirteen years old) and her parents. Under an inspiration—direct from Heaven, no doubt—the parents finally sent for me. I put her on straight specific pulsatilla, and within three days the child was thickly covered with the measles eruption. In one other case I brought out the eruption after the lapse of three weeks. I have done it in many cases of shorter periods. A dozen swallows do not make a summer, but they make a fair start for it. It is next to impossible that these experiences were the result of fortuitous coincidences. I have never had a case in which the eruption

failed to appear, i. e., if I had the case from the start. I always give them aconite and pulsatilla in the earlier stage, whatever I may give them later.

"I claim that this is true specific medication, notwithstanding that not all the cases presented a pulsatilla picture symptomatically. It is not philosophically possible that there can be any conflict between specific medication and *causal treatment*. If we know the cause of a particular ailment, and know what drug is specific to that cause, why then that particular problem is solved. In threatened mammary abscess, for instance, I always give phytolacca, no difference what may be the dominant symptom in the case. Causal treatment is scientific; symptomatic treatment is very considerably less than scientific. It still remains a fact that without symptomatology there could be no causal treatment. Symptomatology, therefore, takes (with reference to diagnosis) *chronological* precedence of pathologic causation. Every pathologic cause throws out a specific group of symptoms. The interpretation of these indices devolves upon the physician, and the development of a drug which is specific to this cause has always been, and always will be, the result of applied empiricism. In a few disease conditions, the symptom group is so definite that it infallibly points to the primal lesion. This leaves the doctor nothing to do but to apply the known remedy—if there is one. But in a very large majority of morbid conditions we do not get this symptomatic definiteness, and then we prescribe deferentially to the dominant symptomatic indication. Here is where the glory of specific medication comes in. We are not left to drift as helpless derelicts on a sea of doubt. We know that a particular symptom, if sufficiently pronounced, will almost never lead us astray. We have 'got on to' the indica-

tive vernacular of a small army of conditions, with their reciprocal drug specifics.

"But to recur to the original subject: We have had the measliest run of measles we ever did have, but to the glory of specific drugs specifically applied, there isn't a measles left, while the patients are all left with us."

Ampelopsis Quinquefolia.

This drug is not as frequently employed now as it was in the day of the early Eclectics, but many abnormal conditions occur in which it might be exhibited with benefit to the patient and much satisfaction to the physician. In many wrongs of life in which the therapeutic influence usually characterized as alterative is needed, ampelopsis may be relied upon to exert a curative power which cannot be readily mistaken, and its influence over the absorbent system is often of the utmost value in the treatment of incipient phthisis. It here aids in the removal of tuberculous deposits and indurations. In drop-sical conditions its power of exciting normal action in the glandular and absorbent systems has caused it to be regarded as a remedy of considerable merit. In chronic bronchitis and in chronic laryngitis it has been used with good success, and in chronic cutaneous affections it has been deemed a medicament of superior merit. The general influence of ampelopsis is believed to be exerted to a greater or less extent upon the entire organism, and to be of such a nature as to stimulate each organ toward normal activity. It is slow in its action and should, therefore, be continued for a considerable length of time.

Ampelopsis is stimulant (especially to the mucous membranes and skin), alterative, diuretic, expectorant, astringent, tonic and antisyphilitic.

The dose of the fluid extract of ampelopsis is 10 drops in water every two or three hours.

Phoradendron Flavescens.

Common Name.—American Misteltoe.

Natural Order.—Loranthaceae.

Part Used.—The leaves.

Description.—This plant grows upon cottonwoods, oaks and many other trees and shrubs. Its stems are semi-woody, greenish-yellow, and so jointed that they are easily broken off. At first they are erect, but soon become somewhat pendant, and branch so freely that the growing plant forms a dense mass, enveloping the limb upon which it rests. The leaves vary from a very small size to two inches in length, are very fleshy, opposite, thickly disposed upon the stem, borne upon a short, thick petiole, and, like the stem, are greenish-yellow and brittle. Its flowers are in longish spikes. The fruit is globular, whitish, semi-transparent, and very viscid.

Dose.—Fluid extract, 30 to 60 drops.

Usual Dose.—Fluid extract, 20 to 30 drops. The dose may be repeated in labor every twenty minutes until the desired effect is produced.

Indications.—Insufficient action of the uterus; retained placenta of abortion; menorrhagia, metrorrhagia, and all uterine hemorrhages, including post-partum; haemoptysis; diseases of the heart characterized by a weak action and low arterial tension; diseases of the brain and spinal cord, especially those in which congestion is marked; reflex convulsions of children when the paroxysms continue after the irritating cause has been removed; asthma, palsy and the neuroses.

As an oxytocic this agent acts with much more certainty and promptness than ergot. It acts by stimulating the uterus to normal contractions, and does not, as does ergot, produce continuous or chronic contraction, so that it may be given at any stage of labor.

Phoradendron flavescens is antispasmodic, oxytocic and laxative.

Depleting Agents in Pelvic Diseases.

In considering pelvic depletion per vaginam, the *Alkaloidal Clinic* says that salines in contact with mucous membranes everywhere produce physiological activities in direct proportion to the vascularity of the structure and the concentration or density of the saline solution, and adds:

"They stimulate the secreting activity of the glandular structures of all mucous surfaces so that larger quantities of watery fluids are exuded." This is in accordance with "the law of osmosis, which determines the passage of fluids through animal membranes from the rarer to the denser saline medium."

In reviewing other depleting agents which are used with much success, the editor says:

"Glycerine locally employed, through its stimulating and hygroscopic properties, is a well recognized depleting agent. Hence its extensive use, combined with gelatin and a large variety of medications in the form of suppositories, vaginal and rectal, which have been so long and favorably employed by the profession.

"For a number of years the writer has used concentrated solutions of magnesium sulphate and glycerine for rectal purgative enemas in conjunction with glycerine vaginal tampons for the relief of pelvic engorgements.

"A glance at the vascular supply of the female pelvic organs is sufficient to show how proper topical treatment of the vaginal canal and its vault, with appropriate depleting agents, comes into close relations with the vesico-vaginal and vesico-uterine plexus of blood vessels and accounts for the profuse watery discharge per vaginam following such treatment.

"Theoretically and practically it affords an ideal treatment as an efficient aid in relieving vaginal, uterine and pelvic engorgements, whether congestive or in-

flammatory, acute or chronic. That this is accomplished is borne out by the testimony of patients thus treated, affirming an abundant vaginal discharge of a watery nature and relief often most marked from the subjective symptoms of pain and the dragging sense of weight and fullness before complained of.

"The indications for the use of the glycerine-magnesium vaginal suppositories are too evident to be enumerated here. It is only necessary to add that a suppository of good size, two or three if necessary, should be inserted well into the *cul-de-sac* and retained by an absorbent wool tampon. Repeat treatment *pro re nata*. Such use of these suppositories is an invaluable adjunct to other local and internal treatments in appropriate cases. We are constrained to say one's duty to his patient can hardly be fully discharged where this important aid is neglected."

Orthosiphon Stamineus.

Common Name.—Java Tea.

Natural Order.—Labiatae.

Part Used.—The leaves.

Description.—This plant is loosely branched, slightly hoary-pubescent or glabrous, has a four-angled stem, and is from one to three feet in height. The leaves are in pairs, narrowed into the petiole, and coarsely irregular toothed. In commerce they are frequently found rolled similar to the way in which tea is prepared for market. Its flowers are white or purplish, in whorls of four to six, and in loose short terminal racemes.

Dose.—Fluid extract, 10 to 30 drops.

Usual Dose.—10 to 20 drops largely diluted with water, three or four times a day.

Indications.—Diseases of the genito-urinary organs; chronic cystitis; gravel; nephritic colic; ascites due to cirrhosis of the liver; turbid and thick urine; pains in the kidneys.

This agent has been employed with marked success in gravel and chronic cystitis.

Orthosiphon stamineus is a powerful diuretic.

Typhoid Fever.

In writing to the *Medical Arena* Dr. A. L. Henderson takes exception to Prof. Osler's diagnosis of the disease which recently terminated the life of a prominent United States Senator. He says that it is the first and only time in the history of medicine that a disease has been designated "irregular" typhoid fever, and intimates that the diagnosis was made to cover up a failure to correctly diagnose the case in the beginning. In part the doctor says:

"We merely wish to call attention to the fact that, while the symptoms of typhoid fever may vary in each individual case, because of certain individual peculiarities, the virulency of the *materies morbi*, and the intensity of the systematic infection, the disease is never the less idiopathic, and cannot be denominated 'irregular' in any sense of the word. The treatment of typhoid fever should vary in each individual case according to the symptoms, and not according to any set rule or method outlined by some one who is supposed to be authority in the treatment of such diseases. Neither should we prescribe for or at the symptoms of the disease, for these are simply the signs or expressions of certain pathological conditions, and unless we understand them, we are almost as liable to err as those who prescribe according to the name of the disease. The author is a firm believer in specific medication and he thinks it is the only method by which the best results can be obtained. It is the only rational method of prescribing, for in this we prescribe to relieve pathological conditions and aid nature to overcome diseased processes.

We must be close observers and study symptoms or disease expressions if we succeed in our treatment of typhoid. The tongue and mucous membranes will be the first to show the peculiar septic conditions of typhoid fever, and is one of the best indications to follow in the treatment of this disease."

After commenting upon the remedies most likely to be needed in typhoid fever, and reviewing many well known and valuable indications for them, the writer adds:

"The patient should have plenty of sun light, ventilation should be as near perfect as possible, plenty of good fresh drinking water, but not ice cold water. The food should be light and nutritious and of a liquid nature, given at regular intervals and should consist principally of buttermilk or cold fresh sweet milk with soups. No solid food of any kind should be allowed.

"Everything about the patient should be kept clean; his gowns and bed clothing should be changed every second or third day and all urinals and chambers after receiving the discharges should be emptied immediately and sterilized. The patient should also be kept quiet and no visitors should be allowed to enter the sick chamber."

Simaba Cedron.

Common Name.—Cedron Seed.

Natural Order.—Simarubeae.

Part Used.—The seed.

Description.—This tree attains a height of about fifteen feet. When about twelve feet high the stem produces a terminal panicle which prevents the stem from prolonging itself, and side branches then appear which also in their turn send forth terminal flowers and side branches. In diameter the stem seldom exceeds six inches. The pinnated leaves are glabrous, from two to three feet long, and have about twenty narrow leaflets. The panicle

is often from three to three and a half feet long, and bears flowers about an inch in diameter. The fruit is covered with short hair, has the appearance of an unripe peach, is about as large as a swan's egg, and contains one seed, which constitutes the cedron of commerce.

Dose.—Fluid extract, 1 to 8 drops. In poisonous bites the fluid extract should be administered in doses of 6 drops and the wound dressed with it. It is said to be rarely necessary to repeat the dose.

Indications.—Bites of venomous snakes; hydrophobia; cholera morbus and colic; chronic dysentery and chronic diarrhoea; dyspepsia and all diseases of the stomach accompanied with impaired or difficult digestion; toothache; intermittent and remittent fevers.

This agent is highly esteemed as a remedy for hydrophobia, and cases are reported in which it is said to have proved successful in allaying the spasms and curing the disease after all other remedies had failed to have any effect. It is also said to be a positive remedy for the bites of venomous serpents. When desirable it may be administered hypodermically.

Simaba cedron is antispasmodic, antiseptic, antiperiodic and tonic. In very large and in frequently repeated doses it sometimes produces griping of the bowels and diarrhoea.

Dr. S. J. Smith, in the *American Medical Journal*, says that he successfully employs veratrum viride as a means of preventing puerperal fever, and that gelsemium markedly modifies after-pains. As soon as the woman is delivered the prescriptions which follow are employed in alternation: \mathcal{R} Specific veratrum viride, gtt. xx., water, 5xv.; teaspoonful every two hours. \mathcal{R} Specific gelsemium, gtt. xx., water, 5xv.; teaspoonful every two hours.

Dr. J. A. Burnett, in the *Medical Summary*, says that the following is a good combination both in relief and as a final cure in asthma:

\mathcal{R} Tincture of gelsemium, $\mathfrak{z}\text{j}$.

Tincture of lobelia, $\mathfrak{z}\text{j}$.

Potassium bromide, $\mathfrak{z}\text{ss}$.

M. Sig.—Dose, twenty drops in water every three hours.

Society Meetings

Society Calendar.

National Eclectic Medical Association. Meets at St. Louis, in June 1904. R. L. Thomas, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at New York city, January 11th and 12th, 1905. E. H. King, M. D., president; S. A. Hardy, M. D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. Wm. H. Russell, M. D., president; Pitts Edwin Howes, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th street. A. W. Herzog, M. D., president; W. L. Heeve, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; March meeting at the office of Dr. J. A. Nordbrock, Brooklyn. H. Stoesser, M. D., president; J. A. Nordbrock, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. V. Sillo, M. D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thordike," Boylston street. A. W. Forbush, M. D., president; Pitts Edwin Howes, M. D., secretary.

The National.

A political party, a religious denomination, or a medical school is strong just in proportion to its organization. There must, of course, be great principles back of the organization, yet principles alone make but poor headway in this active, bustling age. Eclecticism has done a great work in the past seventy-five years and the medical world is vastly richer for her work, and yet her mission is just as important today as it was when Wooster Beach first began his work for a better system of medication. Her mission today is to give to the world practical application of her splendid therapy. Much

is being said about a union of all schools, and a few of our own schools, without giving the subject much thought, have advocated the same measures. A careful study of the present day medication, however, must convince any thoughtful person that the mission of eclecticism has but fairly begun. The increased mortality in the two most prevalent diseases of our country under regular treatment is the most convincing argument for the perpetuation of Eclecticism.

THE NEED FOR ORGANIZATION.

In order that the school secure the best efforts from her host of workers, it is necessary for a more perfect organization. Ten thousand Eclectics and only 5 per cent. members of the National Eclectic Medical Association and less than 25 per cent. members of the various State societies.

Surely we can never take the position that rightfully belongs to us nor do the work that we are capable of doing with an organized membership of 5 per cent. of her followers. No Eclectic that practices the system or loves liberal medicine can afford to longer withhold his support from his State and National society. Let every Eclectic that desires to see a great forward movement, that wants to have some part in the successes that are just before us, decide to become a member, both of his State and National organization.

ST. LOUIS THE MECCA IN 1904.

This will be an opportune year to join the National. The eyes of the world are turned to "The Ivory City," and the \$50,000,000 Fair will be the marvel of the world. Every Eclectic physician must visit St. Louis, the World's Fair and the National Association in June.

THE TIME.

Don't forget the date, Tuesday, June the 14th, 15th, 16th, 17th and 18th.

ECLECTIC DAY.

The Fair Commissioners have designated Wednesday, June 15th, as "Eclectic Day." Just what will be on for the day is not known, but you may be sure that it will be an occasion long to be remembered.

Every Eclectic, regardless of his being a member of the National, should be on hand to swell the crowd and incidentally to have the time of his life.

HEADQUARTERS.

The Hotel Epworth has been selected as headquarters and place of meeting. The hotel is located three blocks north of the Fair grounds, or within four minutes' walk of the main entrance to the Fair.

The association has engaged the entire second floor of the hotel, or 150 rooms, at a rate of \$1.00 per day, two persons in a room. It is very important that every physician who expects to attend the association secure his room as soon as possible. There are only 50 rooms left on this floor and they are going rapidly. Write at once to Dr. H. H. Helbing, 4235 West Belle Place and secure your room.

THE PAPERS.

Section work has been divided into three departments, namely: Medicines, Surgery and Specialties, and it is now the intention to run the three departments at the same time; in this way most of the papers can be read and discussed. Doctor, come prepared to either read a paper or take part in the discussion.

R. L. THOMAS, M. D.,

Cincinnati, O.

President.

THE NATIONAL.

Announcement of the Corresponding Secretary.

White Heath, Ill.,

April 18, 1904.

DEAR DOCTOR:

The time for our National meeting is drawing near. Less than two months re-

main in which to make preparations to attend this monster gathering, which will be the greatest our association has ever known.

We wish to call your attention to some important items connected with this meeting.

FIRST: Railroad Rates.—Herewith is appended a schedule of the rates which will prevail during the Louisiana Purchase Exposition:

1. All tickets passing through St. Louis permits stop-over of ten days at St. Louis.

2. Season Tickets.—Eighty per cent. of the double one-way fare to St. Louis and return via route traveled. Tickets on sale April 25, 1904, continuing during the period of the Exposition, with final return limit to December 15, 1904.

3. Sixty-Day Excursion Tickets.—Excursion tickets will be sold to St. Louis daily, beginning April 25, 1904, and continue during the period of the Exposition, with final return limit of 60 days, but not later than December 15, 1904. Rate one and one-third westbound fare.

4. Ten to Fifteen-Day Excursion Tickets.—Excursion tickets will be sold to St. Louis daily, beginning April 25, 1904, and continuing during the period of the Exposition, with final return limit of ten days, including date of sale from territory 350 miles or less from St. Louis and not to exceed fifteen days from territory more than 350 miles from St. Louis. Rate one westbound fare plus \$2.00.

5. Coach Excursions.—Coach excursions will be run from all points east, southeast and northeast to St. Louis on dates to be hereafter agreed upon, basis of one cent per mile each way.

SECOND: Hotel Rates.—By means of a deposit from the National treasury, which has been explained heretofore, rates have been secured at Hotel Epworth at the rate of \$1.00 per day per person,

two persons to a room. You are urged to send in your application for rooms at once, stating number of rooms desired and length of time they will be wanted. You will be supplied with a certificate entitling you to the above rate and saving you infinite worry and trouble when you reach St. Louis. Of one hundred and fifty rooms reserved for the National one hundred and five have been taken; so, Doctor, hurry up and secure yours from the remaining number. We wish particularly to call your attention to "means of reaching Hotel Epworth." Take northbound 18th Street cars and transfer to westbound Delmar Avenue cars on Washington Avenue, which will take you within one block of the hotel, which is located at 7100 Delmar Avenue.

In answer to many inquiries we will say: There is to be no certificate plan on the railroads, the rates for the association will be those in force for the World's Fair.

Everything points to a grand meeting. The Eclectic Medical Societies of Missouri and St. Louis are planning great things for our entertainment, the World's Fair holds out wonderful inducements for our recreation, while the splendid program shaping itself into completion promises feasts delectable to the intellect.

Let us see you there, Doctor, without fail.

Fraternally,

FLORENCE TIPPETT DUVALL, M. D.,

Corresponding Secretary National
Eclectic Medical Association.

Georgia Eclectic Medical Society.

On March 30th and 31st the Eclectics of Georgia held their annual meeting at Atlanta in the ball room of the Kimball Hotel.

They were welcomed by Mayor E. P. Howell, and the response was delivered by that sturdy eclectic Prof. W. M. Dur-

ham, who presided at the meeting, which was the best attended of any in the history of the society. Many interesting papers were presented and discussed and every one of the many in attendance felt that they had been amply repaid by the fund of new ideas and practical points presented at this meeting. On the evening of the 31st a banquet was given at which Judge J. H. Lumpkin, as the guest of honor, delivered a most interesting address, entitled "The Doctor's Future and the Future Doctor."

A. B. C.

Pennsylvania Eclectic Medical Association.

The thirty-first annual meeting of the Pennsylvania Eclectic Medical Association will be held at Latrobe, Pa., Thursday and Friday, May 26 and 27, 1904. Sessions: 2 and 8 P. M., 26th; 9 A. M. and 2 P. M., 27th. Headquarters at Parker House. Officers, 1903-1904: President, Kimmell Rauch, M. D., Johnstown, Pa.; first vice-president, E. F. Bittner, M. D., Somerset, Pa.; second vice-president, Nannie M. Sloan, M. D., Latrobe, Pa.; recording secretary, R. E. Holmes, M. D., Harrisburg, Pa.; corresponding secretary, W. O. Keffer, M. D., Frugality, Pa.; treasurer, R. E. Warner, M. D., Pittsburg, Pa.

Boston District Eclectic Medical Society.

Boston, April 25, 1904.

The regular meeting of the Boston District Eclectic Medical Society was held this evening at the Thorndike.

After the usual routine business Dr. John Perrins spoke as follows concerning the autopsy performed by him upon our late brother, John D. Young, M. D.:

"I was called to see the doctor on Tuesday, March 22. He had been sick for several days and was under the care of the local physician. He had been suffering from severe paroxysms extending

through the stomach and intestines. They would last for an hour or more, when they would pass away and he would be quite comfortable.

"I examined him carefully. There was no pain, no soreness or tenderness in any part of the abdomen, except upon very deep pressure, and then not to any great extent. His tongue was covered with a dirty yellowish coating. He had been vomiting and it was of a billious nature. I prescribed chionanthus. I saw him the next day. Found he had had one very severe paroxysm since I had seen him. I now advised and made use of a large enema containing turpentine. The result was in no way diagnostic. He was so comfortable that I was not to see him until the next Sunday.

"Thursday night I received a telephone message to come as early as possible. Friday morning when I arrived I found that Dr. Miles had also been called, he having been there and gone; that on Thursday an expert surgeon had been called who advised an immediate operation, which the local physician had opposed. This opinion I concurred with saying there was nothing upon which one could operate; that Dr. Tabor—a nephew—had been summoned and had arrived.

"His condition had changed to this extent since Wednesday. He had had the spasms more frequently and had vomited not only billious matter, but blood in rather a large quantity.

The face was pinched, the hands shrunken, the skin moist, clammy and cold and there was every evidence that dissolution would very soon occur. I left there Friday morning quite early. That evening I learned by telephone that the doctor had passed away at six o'clock P. M.

"Now, we were all very anxious, indeed, to have the matter cleared up and know what the matter was so that we might either confirm or correct the diagnosis

which had been made. I went there immediately and in the presence of Dr. Tabor, and the local physician, obtained Mrs. Young's full consent to an autopsy, which Dr. Tabor and myself made. Under the conditions we had seen, I found it was one of the most interesting autopsies I have ever made (and I have made a good many).

"There was an enormous amount of adipose tissue and it seemed as though the omentum was covered with strips of fat as large as my finger. It was just literally packed with these masses of fat. We first gave attention to the small intestine, quite a little of the surface of which had become very dark indeed. There had been some inflammation as indicated by the surfaces of the large bowel, which were also very dark.

"With a great deal of difficulty I succeeded in finding the ascending colon and the ilio-cecal region, and the attachment of the small intestine to that part. For a distance of from four to six inches up from the ilio-cecal region it was not exactly black, but was exceedingly dark, following the whole of the bowel.

"The large intestine, where it joined the ilio-cecal valve, was also dark as the small intestines were on the surface. It was with great difficulty indeed that we removed the adipose tissue and then we could find no appendix. After a time, however, I got down to something which was about as large as the end of my finger, perfectly flesh color, or rather somewhat whiter than flesh color. The doctor and I saw it at the same time. I caught hold of it, pulled it down and found it to be the extremity, the very extremity, of the appendix. Except that point the appendix was perfectly normal in size, shape and color. It was not colored at all, as was the colon. The very end was a mass of white, just as you have seen it in a tumor that has been filled with the gelatinous

substance. Below that it became normal size, shape and condition. I traced it back into the ilio-cecal region and then cleared the bowel. We examined the appendix clear through, laid it open and there was the mucous surface just as perfect as I ever saw it in my life. When we got into that bowel, there was evidence of congestion and inflammation. The doctor died, not of appendicitis, but of colitis."

DISCUSSION.

A question was asked as to what the temperature had been during the illness, to which Dr. Perrins replied as follows:

"The temperature was at no time high, though I think it was a degree or two less on Tuesday. The part which surprised me was this, that the very part which caused the most trouble, he could bear me to go over and give great pressure without experiencing any discomfort.

"I will say just a word here as to the method used in giving the injections. I laid him on the left side and with a very gentle pressure, filled the descending colon as full as I could get it. He was then turned over on to his back to rest awhile, after which I filled it up again and repeated this treatment, at intervals, until the turpentine had begun to serve a good purpose. I never saw him in one of the paroxysms at all.

"Now, I want just to supplement what I have already said, to show the advantage and importance of making an autopsy. After having that expert surgeon recommend an operation right then and there, and it was not followed out, the tendency was to blame the local physician. When it was mentioned to me I said it was nonsense. If he had had an operation he would never have rallied. After our autopsy was made, instead of the local physician being blamed for his conservatism, his reputation was saved by his not consenting to the operation. The doctor would have died under the operation.

That is where I think, and always have thought, that if there is any doubt whatever about the cause of death, if possible, make an autopsy."

De Pitts Edwin Howes read the following article upon "*Mangifera Indica*":

This drug is prepared from the inner bark of the root and tree of the *Mangifera Indica*, which is a native of the East Indies. It is cultivated extensively in most tropical countries on account of its edible fruit, which is known by the name of mango.

The bark of this tree was imported first into this country under the name of mango, and was used for the purpose of removing incrustations from steam boilers. A small amount of a strong solution of the bark will cause the adhesions to be easily removed when placed inside the boiler. This fact, coming to the notice of Dr. M. F. Linquest, New Haven, Conn., caused him to investigate the article. Its astringency gave him a key to its therapeutical action, and he commenced its use, carefully noting results.

Referring to a paper written by him and published in the National Eclectic Medical Association Transactions, Volume X, page 448, I find that he has used it with good results in uterine inflammation with ulceration of the cervix, nasal catarrh and diphtheria.

The late Prof. A. J. Howe thought very highly of this remedy as an agent for the control of hemorrhagic conditions, especially those profuse hemorrhages which are so apt to be encountered at the menopause or when uterine tumors are manifesting themselves.

For some reason, I cannot tell what, very little notice seems to have been taken of this, to my mind, valuable agent. Careful scrutiny has failed to discover any reference to it in Eclectic journals, during the past ten years, excepting what I have written.

It is a dozen or more years since I commenced to use the remedy. I happened to read what is said of it in "King's Dispensatory," fifteenth edition, page 111 and 112 of the supplement. Just at that time I had under my care the case of an old soldier who had suffered for many years with chronic diarrhoea. I had tried quite a number of remedies with no apparent benefit, and I at once resolved to see what the *mangifera* would accomplish. I added 5s.s. of specific *mangifera* to 3iv. of water and directed the patient to take a teaspoonful every hour and report when he had finished the bottle.

He returned much improved and the medicine was continued until he was completely relieved. I kept track of him for several years, and, as far as I know, he never had a diarrhoea to become chronic afterwards.

My first experience was so favorable that I have continued its use in many different forms of excessive drains, and almost invariably with benefit unless they were caused by some special irritation.

My use of *mangifera* leads me to believe that it is well adapted to check all excessive discharges of the mucous membranes which are the result of an atonic condition of the system.

In diarrhoeas, either acute or chronic, it will benefit, and if continued for a sufficient length of time will not only completely restore the bowels to their normal condition, but will so restore their tonicity that the difficulty is not likely to manifest itself again in any troublesome manner.

It has done wonders for me in cases of epistaxis; many times it has so toned and constructed the enlarged and tender blood vessels that the annoying symptoms were completely removed.

I am just now using it in a case of varicose veins, which are the result of pregnancy. This is the third pregnancy, all of which I have cared for. Heretofore she

has been obliged to resort to the elastic stocking for a support to enable her to keep upon her feet. This time I have added *mangifera* to the uterine tonic which I am in the habit of administering to my pregnant patients. I have been much gratified at the results thus far obtained. I am using the *mangifera* in the preparation of one drachm to four ounces of the tonic. The varicose vessels have ceased to be troublesome and the patient expresses herself as feeling much better than she ever did before—in the same situation.

Possibly the prescription which I am using in this case might be of interest. It is as follows: Nitrogenized iron—made for me by Theodore Metcalf Co., Boston, Mass.— $\mathfrak{z}\text{iv.}$, tincts. *canlophyllum*, *helonias*, *michellae*, *mangifera* a. a. $\mathfrak{z}\text{iv.}$, aqua q. s. ad. $\mathfrak{z}\text{xvj.}$ Dose, $\mathfrak{z}\text{j.}$ every three hours.

The results which I have attained will certainly cause me to make use of it in the next case of varicose veins which comes to my attention.

It was discussed as follows:

Dr. Allen:

"I have been very much interested in the paper. I will say that in chronic diarrhoea I have tried the remedy and have gotten gloriously left every time. It is the same old story of good results that we get from Dr. Howes. I have had some benefit from its use as a local application in the diseases of women. Take it in the case of old ulcers or leucorrhoea and it is then a most excellent remedy. As to the nitrogenized iron, I think the doctor gets wonders. I agree that it is a nice vehicle for other remedies. I buy it by the gallon, but when you come to expect any iron there, I fail to see where it stands the test, and in that line I have got through using it."

Dr. Miles said:

"I like this critical way of talking about remedies as it shows the results obtained

by different men with the same remedy. My attention was first called to *mangifera* through a paper of Prof. Howe's years and years ago. Sometimes we take hold of a remedy and have very good success with it and then it slips up. I have a good deal to say in favor of *mangifera* in uterine hemorrhage where an astringent is desired.

"I have combined *mangifera* with ergot, or ergot with *mangifera* sometimes, and have had some admirable results from it in diarrhoea, but always in the chronic form. There may be some difficulty in diagnosis in differentiating between acute and chronic diarrhoea. We would not think of prescribing *mangifera* when a patient, from eating fruit, taking cold, or something of that sort, had a diarrhoea come on, but I have used it for years, more or less, for old diarrhoeas, such as have been of long standing. There is a great difference; one is acute and the other chronic. I have used it and should use it again."

Dr. Howes said that it is in the atonic condition where the *mangifera* works so nicely. The patients who are atonic, are those whose condition is below the normal standard and who need something to help them regain their lost tonic.

Eclectic Medical Society of the City and County of New York.

The regular monthly meeting was held at the college parlors Thursday evening, April 21st., President Herzog in the chair. Dr. W. L. Heeve, recording. Thirty members responded to the roll-call. After the transaction of the usual business and the report of cases, Dr. Boskowitz presented Dr. M. Scimeca, who had just returned from Palermo, Italy, with the degree of the University of that city.

The Dean reported that after a thorough investigation the commissioner of education of Italy had recognized the work

done by Dr. Scimeca at the Eclectic Medical College of the City of New York. The Society unanimously extended its congratulations to Dr. Scimeca for his worthy achievement.

Dr. Nilsson reported a case of asthma occurring in a child eight years of age, duration four years, no cause could be found, no hereditary history. Remedies usually prescribed in this condition gave but temporary relief.

Dr. Krausi called attention to passive congestion of the liver, as a causative factor and recommended podophyllin and sanguinaria.

Dr. Herzog called attention to adenoids and nasal obstructions as being causative factors and their removal eradicated the cause.

Dr. Boskowitz remarked that in simple asthma with no prominent cause found after careful examination, it was his plan of treatment to give infusion of hydrastis in one-half ounce doses.

The essays for the next meeting are: Pneumonoconiosis: Dr. M. Scimeca Disease; its drug treatment: Dr. W. J. Krausi. W. L. Heeve, Secretary.

Selections

Cactus as Compared With Other Cardiac Remedies.

BY ANDREW J. MANN, M. D.

Cactus grandiflorus is a genus of cactaceous plants, remarkable for the singularity of their forms and the beauty of their flowers. The *cereus grandiflorus* is the well known "night-blooming cereus," and is of the same family as our common "prickly pear"—*Opuntia Rafinesquii*—by which we may observe to become familiar with the genuine cactus that grows in the West Indies, Mexico and Texas.

Synonyms.—*Cereus grandiflorus*, night-blooming cereus, sweet-scented cactus.

queen of a single night and vanilla cactus.

Parts Used.—Plant and flowers, no alkaloid having as yet been isolated—but the plant is resinous, mucilagenous and viscid. It is also said to contain oxalate of calcium, tartaric acid, and the best of alcohol is required to abstract its qualities.

Preparations.—Fluid extract, tincture, and specific medicine. A standard tincture is made by using equal parts of alcohol and the fluid extract, and a saturated one by reducing the plant, or flowers, to a pulp and covering with strong alcohol, but my favorite preparation is the specific medicine by Lloyd.

Dose.—Fluid extract, five to ten minims; tincture, ten to twenty minims; and the specific medicine, a fraction to ten minims.

Physiological Action.—While it is not classed with the poisons, it might be, as large doses are irritant, producing diarrhea, neuralgia, inflammation of the heart and its membranes; but, unlike digitalis or other agents, it has no cumulative action and is, therefore, safer when at all centres, and arterial tension, or sedation, admissible. It increases the energy of the heart by stimulating the vaso-motor by its effect on the sympathetic ganglia of the spinal cord and flexuses of the heart and stomach. It seems to exert its influence more fully on perverted conditions of the sympathetic nervous system, and produces a contractile action on the heart and vaso-motor system.

Medical Properties.—Sedative, stimulant, and cardiac tonic, also antispasmodic and diuretic.

Therapeutics.—In abnormal conditions of the heart, (except mitral stenosis, in which it is contra-indicated), endocarditis, renal congestion, and either functional or organic heart disease, angina, tinnitus aurium, when due to disturbance of the auditory nerve, hysteria, hypochondria,

gastric reflexes, reflex palpitation, impotence, neurasthenia, valvular incompetence or insufficiency, nervousness, headache, pain in the vertex, asthmatic heart, dyspnea, concomitant palpitation due to irritation of the pneumogastric nerve, or when caused by amenorrhea, dysmenorrhea, or menorrhagia, dropsy, irritability and feebleness of the heart.

Specific Indications.—Cactus, like many other standard eclectic remedies, has a wide range of action, as it is safer than all the others which act with such a direct oneness as to require the best discretion and skill in the diagnosis for their selection. In prescribing cactus we should have a spasmodic, irregular, or weak pulse, choking sensations due to enfeeblement of the cardiac nerves, oppression, sense of constriction or of a band around the heart, tingling numbness of the left arm, and cardiac innervation. Uterine or menstrual headache, characterized by pain in the vertex, with coldness, cactus combined with *avena sativa* is, indeed, specific, and with the above cardiac symptoms: apprehension, dizziness, gloominess, nervousness, etc., due to diseases of the reproductive organs of the male or, especially, the female, the agent combined with *pulsatilla*, it meets indications impossible with another drug. As with *macrotys*, we must consider cactus with reference to the nervous system, especially the sympathetic vaso-motor, ganglionic, and plexic systems, in order to understand its specific indications clearly.

As Compared with other Cardiac Remedies.—Prof. Ellingwood says, that all those who have used the other heart remedies unite in the belief that for breadth of action, specific directness, reliability, smoothness and general trustworthiness, cactus takes preference over *all* the rest. Other remedies, in some cases, will do as much in single lines, but none will exercise *all* of its desirable influences.

It is certainly advantageous over *digitalis*, in nontoxicity, noncumulative action or effect, irritation of the gastric organs, increased irregularity of the pulse, and kidneys, depression, spasm of the renal circulation and in the causation of albuminuria, as its effect is gradual, uniform, and rhythmic as well as tonic nutritional and eliminative.

Digitalis is required when indicated to give pressure on the heart, to remove renal stasis or congestion, and to secure a flow of urine, regulate the heart, etc., but even in the above, cactus has been used with the best of results. But in comparing cactus with other cardiac remedies, we are not advocating substitution. We are merely pointing out the admissibility of cactus for other indications, and its advantage over them in the majority of lesions but while cactus in angina, is safer and nondepressing, it is not superior to *lobelia*; especially if *capsicum* is combined to prevent depression. *Strophanthus* covers, somewhat, a different field of indications to cactus, and is, perhaps, advantageous over all the others in combination with *gelsemium*, to prevent the depression of that drug when otherwise indicated. Cactus, *strophanthus*, and *sparteine sulphate* rank equally in the cure of exophthalmic goiter, by their effect on the circulation; the advantages of cactus over *strophanthus* is, that it stimulates, sedates and tones the heart through the nerves, the muscles and general structure, while the latter acts directly on the muscles—without influencing the medulla or nervous system.

It is contra-indicated in all visceral tumors, hemorrhages, active hyperemias and, in fact, all lesions of vaso-motor origin, cactus would be admissible and somewhat indicated, but not as specifically as *lycopus*; this drug is far superior in these conditions as it allays violent and tumultuous action of the heart, reducing

irritation of the cardiac centres, vascular excitement, which helps it to be curative in renal, gastro-intestinal, and pneumonic hemorrhages, as well as from its astringent properties. The efficacy of cactus in narcotic and depressing poisons is certainly inferior to digitalis or strychnine, as in such cases it could not be depended upon, neither in the later stages of paralytic lesions, surgical shock or of the potency of nitroglycerin in sudden cardiac failure or collapse, or of capsicum, or alcohol itself in other acute cardiac failures, prostrations, asphyxias, or caffeine in the depression of the heart and respiratory functions in uremic poisoning or coma, or when combined with others to prevent their depressive effects; neither can it meet, possibly, the full indications of apocynum in dropsical, relaxed and infiltrated conditions of the cellular tissues, or effusions in hydrocephalus, hydropericardium, defective kidney action and edema; but it will compare favorably with convallaria in most all conditions and indications, except those of a dropsical nature, stenosis or "tobacco heart"; possibly of rheumatism and, in fact, it is cutting a niche which no other agent can fill, and we cannot do without it.

In conditions where there is fever, cactus renders good service to the heart by giving strength and nutrition, which is of great value when the fevers are long and exhausting, but it will not reduce the temperature like strophanthus, or the other arterial sedatives. It may be used in conjunction with those agents of a depressing nature when prescribed, or it may be combined with aconite, phytolacca macrotys, colchicum, capsicum, helonias, avena, belladonna, pulsatilla, and many other agents to enhance their effects or modify their action. The combination of this drug is an important study, and should be given careful investigation, observation and consideration.

Crataegus is rapidly gaining favor as a cardiac remedy, but I have had no opportunity to use it fairly; but let us all strive to learn more of *all* the agents of our materia medica, not so much for ourselves as our patients, and our brethren in the profession, whom we should always be glad to benefit, imparting the knowledge thus gained by our own dear experience.—*Summary.*

Evermay, Ga.

Vital Force.

The following paragraphs are from an address by Dr. Wyman, of the U. S. Medical Department, before the Pan-American Medical Congress:

"Many people go about with virulent diplococci of pneumonia in their respiratory tract but do not have pneumonia. Why? Because their cells are vigorous enough to prevent the diplococci invading the lungs. But put such a person under bad sanitary conditions, or depress his vitality, and the microbes are not phagocyted—they invade the lungs, and pneumonia and death follow."

"In times of cholera epidemics men go about with living, virulent cholera vibrio in their intestinal canal, yet they are not sick. Why? Because the conditions for the production of the cholera toxins are not favorable—there is no abnormal flora in their intestinal canal. But let such a person eat poor or tainted food or derange his digestion through indiscretion or evil sanitary surroundings, and the disease results."

"Many people live a long and active life with tubercle bacilli encysted in the apex of one lung. As long as they have plenty of fresh air and sunshine and good sanitary surroundings they remain well. But give such a person poor food or bad sanitary surroundings, and see what happens. The battle going on between the bacilli and the cells results in a victory for the

bacilli. The cells die and the victorious bacilli spread havoc through the lungs."

"A hospital can not cleanse a poison-infested district nor diminish the constant supply of patients from an undrained and malarious locality."

"It is well to remove the weak and tempted from bad environment; better still to improve the environment."

"It is well to go down to the folk-swamp and rescue one here and there; better still to drain the cesspool, improve the tenements, prevent adulteration of food and drink, inspect factories, and compel use of devices for averting accident and disease. The wall at the top of the dangerous precipice is worth far more than an ambulance at the bottom."—(Suggestion).

Dispensary Treatment of Tuberculosis.

A dispensary for the treatment of pulmonary tuberculosis is to be opened by the Department of Health of New York city. The objects of the clinic are to be: The early recognition and diagnosis of cases of pulmonary tuberculosis, the care of patients applying, the continued observation at their homes of indigent, needy, and ambulatory patients; the removal to a hospital of patients requiring hospital treatment, the provision of a municipal institution to which all tuberculous patients may be referred, the extension and strengthening of the sanitary control of tuberculosis among the poor of the Department of Health, care of patients with laryngeal tuberculosis. As to the home cases, a special staff of trained nurses will visit the patients at their homes, to see that the instructions given are being observed, that the sanitary surroundings are satisfactory, and that such assistance as is required is afforded. In suitable cases the patient will be referred to the various charitable organizations for food, fuel, ice, etc. Special attention will be paid to the children in the family, and every effort

made to prevent their infection. The plan represents a grappling with the practical difficulties of the tuberculosis problem which is most commendable and well worthy of imitation.—American Medicine.

Appendicitis.

Dr. J. J. Brownson believes that there are three periods in which the operation for appendicitis can be safely performed. (1) At the inception of the disease before fever. (2) After the fever and distention have subsided and suppuration has taken place. (3) In the interval after all signs of inflammation have disappeared. He says that there have been more deaths from appendicitis since the operative method has been in vogue than during the expectant plan. He believes that this is due to interference being practiced at the wrong time. He concludes that the operation for appendicitis ought to be done in the primary or before fever period. The appendix should be removed, to guard against fulminating cases and those in which rupture occurs into the abdominal cavity. In the secondary period, after suppuration, drainage should be instituted and nature left to take care of the appendix. In the interval, after all symptoms of inflammation have subsided, the appendix should be removed. The operation ought not to be done in the intermediary period when there is fever and distension of the abdomen, because the danger from operation at this time is greater than the risk of the case becoming fulminating, or the abscess bursting into the abdominal cavity.—Medical Summary.

Chronic Bronchitis Treated With Ichthyol.

Dr. De Brun (Ther. Gazette xxvii, No. 6) recommends ichthyol internally in the treatment of chronic bronchitis. He prescribes as much as 15 grains each day, made into ten pills with some inert pow-

der; and he asserts that the results are marvelous—cough diminishing, and the patient passing a good night undisturbed by the coughing and expectoration; the rales become fewer in number; there is a distinct improvement in the vesicular sounds; and the dyspnea also disappears. Another method of employing this drug consists in its use in the following formula:

Ichthyol	30 grn.
Glycerin	4 dr.
Syr. Orange	4 dr.
Water	3 oz.

A half to one teaspoonful of this mixture is given several times a day.—Merck's Report.

Law Does Not Require That Vaccination Shall Take, in New York.

Attorney-General Cunneen holds that the law requiring public school children to be vaccinated has been obeyed when a child has been inoculated with vaccine virus, even though there is no outward sign by swelling or soreness that the virus has had the desired result, and though a number of attempts upon the same individual do not take.

Portion of Needle in Her Body for 16 Years.

According to reports 16 years ago a woman of Camden, N. J., stepped on a needle that penetrated one of her heels. In removing the needle it broke in half, and efforts of physicians to locate the other half were of no avail. To her surprise recently she found the long-lost portion of the needle had protruded from the skin above the knee. It was removed with difficulty.

For ecthyma, Dr. Ellis recommends the local application of compound tincture of benzoin, a dram to the ounce of lard.—*Summary.*

Query Department

Conducted by

PITTS EDWIN HOWES, M. D.

Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

X. Y. Z.—Please answer the following question through the "Query Department of the Review: In what way does Eclecticism differ from the old schools?

Eclecticism differs from the other schools in its method of using remedies, considerably in the agents made use of, and principally in its formulation of the manner of cure.

Allopathy claims that all remedies act on the principal of "contraria-contrariis, curantur" or that dislikes will cure dislikes. In other words if a certain drug will produce certain peculiar expressions of action upon a healthy body in order to be curative the expressions in disease must be exactly opposite.

Homoeopathy on the other hand claims as its principal the well known "simillia simillies curantur," or that a drug which produces certain symptoms upon a healthy person will cure those symptoms when they are manifest in a person who is sick.

Eclectic medicine teaches that disease is simply impaired life and that the duty of the physician is to aid nature in ridding herself of that which is drawing her away from normal life.

The first named school uses remedies largely for their physiological effect, ignoring in a great degree the finer, or what may be termed the medicinal action of the drug.

Homoeopathy, while making use of a large number of the same agents as the Eclectics, still clings to the idea of "simillia" etc., as the true method of cure.

Eclecticism teaches a definite indication for each remedy which they use. No matter what the disease may be, whenever any of these indications are present, you have the remedy which will prove helpful in restoring the human equilibrium.

This wrong of the human economy may be manifested in either of three ways—excess, or above the normal, defect or below the normal, perversion or from the normal. And medication is to be used in accordance to which of these conditions may exist.

H. E. D.—Will you kindly give me in the "Query Department" your opinion as to the advantage to be derived from the use of the so-called "coal tar" products?

I believe that the harm which the coal tar products produce is far in excess of any good that might be derived from their use. There is no doubt whatever that their habitual use weakens the heart and so unfits it for any unusual strain which might be at any time demanded. Evidently the wide use of the coal tar products is the real reason of so many sudden deaths from pneumonia and other diseases which have become so exceedingly fatal in the past few years. The heart weakened by phenacitin is not able to cope with the strain and so succumbs and the death certificate is made to read pneumonia when the afore-named drug was the real cause of dissolution.

Items

Prof. A. W. Herzog has removed his office and residence to 535 Lexington Avenue.

Dr. Henry J. Doll, who is now located at Buffalo, New York, has been appointed examiner in lunacy for Erie County. The Doctor also recently delivered a lecture before the meeting of the Federation of German Societies entitled "How We Live on Air."

Dr. R. A. Toms has located at 300 West 112th Street.

Commencement exercises of the American Medical College, St. Louis, Mo., were held Tuesday evening, April 12th. Thirteen graduates.

On Wednesday evening, April 20th, the graduating exercises of the Eclectic Medical Institute were held at the Scottish Rite Cathedral, 27 received their degree.

Fine opening for a young Eclectic physician at Bridgewater, New York. Address Dr. Whitford, Bridgewater, N. Y.

Dr. J. V. Conover of Elmer, New Jersey, having more business than he can attend to, would like to have a young Eclectic to assist him. This is a fine opportunity for the young graduate.

For Sale.—House for consumptive. Good abode house almost new, with large open fire-place, price \$300. One day's stage drive north of Tuscon, Arizona, in the Catalina Mountains. Altitude 4,500 feet, granite soil, no dust, humidity almost nil. For particulars address J. W. Estill, Postmaster, Oracle, Arizona.

The American Confederation of Reciprocating Examining and Licensing Medical Boards will meet at the Great Northern Hotel, Chicago, Tuesday, May 24th. B. D. Harrison, M. D., Secretary.

Dr. Mariano Scimeca has just returned from Palermo, Italy, with the degree from the Palermo University. A reception was held for the Doctor at the meeting of the Eclectic Medical Society of the City and County of New York, on Thursday evening, April 21st.

THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

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Commencement, 1904.

For the benefit of those who did not attend the exercises on the 13th of May, we



present the picture of the college, together with the full report of commencement and Alumni meetings.

That all our readers and friends will be interested and delighted at the progress

these reports indicate we feel assured and we ask that you read carefully the address of Regent Lauterbach. Think it over. It is not only full of encouragement and good advice, but the suggestions made are practical and can be accomplished if there be united effort and harmonious action.

The report of the Commencement and Alumni meetings have taken so much space that Book Reviews, Query Department and the department of Therapeutics, designed for this month, will appear in the July number.

Original Articles

Report of the Faculty.*

BY PROF. JOSEPHUS H. GUNNING, M. D.

* Delivered at the Forty-third Annual Commencement of the Eclectic Medical College of the City of New York, at Carnegie Lyceum, Friday evening, May 13th, 1904.

Mr. President, Board of Directors, Worthy Dean, Ladies and Gentlemen:

You have no doubt often read of wrecks at sea when the provisions in the lifeboat have become exhausted and the time has come when one of the party must be sacrificed for food, the usual custom being to cast lots. Now imagine the delight and pleasure associated in the mind of the one upon whom the lot falls when he thinks that in a very short time he will be part and parcel of the remaining survivors! (Laughter.)

To-night the lot has fallen upon me to report for the faculty, and although this in previous years has always been most ably done by our senior member, the dean, this year, for some reason or other, it has been settled upon the young. (Laughter.) Nevertheless, it is with much pride and a profound appreciation of the honor

conferred upon me that I represent the faculty on this occasion when our college comes out in Springtime brightness like the lovely ladies in this audience so beautifully adorned with every variety of Springtime blossom.

It is with special pride that we refer to our college building this year, which, largely through the zealous and unremitting efforts of our dean, has taken on a new and resplendent form. During the months we have watched it emerge, as it were, from its chrysalis, and to-day, we, as Eclectics of the City of New York, are able to point with just pride to our new college in all its glory—bright, new, practical in its arrangements and perfect in every appointment. Those of you who visited the college to-day know how well it is arranged for work, in fact, there is not a college in the United States better equipped. Our appointments are such that the student can go from one department to another, always in close contact with his professor, and will therefore learn better from the fact of his inductive magnetism. How important a factor this is can only be appreciated by those who have listened, as one of many, to a professor who appeared as a mere speck upon a platform and who immediately after the lecture left the platform, not to be seen again by the student until the same scene was re-enacted.

As our classes are not so large the student has a better opportunity for study, and he can appeal personally to his professor for elucidation on any topic which may not be clear to him. The same is true of the examination of cases. Here the professor may take three or four students and present the subject in detail, giving each an opportunity to verify his findings. It is because of these methods of individual instruction and because of our able teaching staff that we are able to send forth our students so well trained

and so thoroughly competent to meet the exigencies and solve the problems daily submitted to the busy practitioner of medicine.

I have the honor to report the matriculation this year of 95 students, 77 men and 18 women, including those who receive their degree to-night.

This college was, I believe, the first in the country to arrange to have women enter on an equal footing with men, and it has proved a wise step since, as they did not wish to be outdone by the women who have always shown themselves earnest students, the men have been spurred to greater effort and the standard of excellence has thus been raised, with the result that this college can show a larger percentage than any other of licenses granted "with honor."

That you may have an idea of what these young men and women have accomplished and have still before them, I wish to state that before they are permitted to begin the study of medicine it is necessary for them to pass an examination before the State Board of Regents to satisfy that worthy body that they are in the possession of the necessary preliminary education. After they have been granted the degree by the college of their choice they must again submit to examination before the Board of Regents before they are granted a license to practice medicine in the State of New York, so you see the old days are gone when the aspiring young man traveled around for a while with a doctor, studied a few essentials between times and finally announced that he was prepared to enter the lists and do battle with disease and death. In these later years you may be sure that a license in the hands of the young doctor means years of earnest study, many sacrifices and hard work.

A very potent reason for the success of those who graduate from this college is

found in the use of our vegetable remedies—the principle upon which Eclecticism is founded and which has stood the test of years. It is for this principle—the rational employment of vegetable therapeutics—that the pioneers of Eclecticism stood firm, suffering ridicule, contumely, slights and bitter antagonism at the hands of those who showed a more hostile spirit than it would be possible to demonstrate to-day. It was by their strong adherence to their beliefs, indomitable courage, tact, perseverance and gentlemanly firmness that these pioneers compelled the respect of their antagonists and won for Eclecticism that recognition which the undoubted excellence of the scheme of medication so justly demands. That the tide has turned in favor of this system of rational therapeutics may be seen by a glance at any one of the representative medical journals of to-day. It is but a few days since that I noticed in one of them a long article extolling the virtues of a drug hitherto exclusively employed by us, and which in the days of greater narrowness and prejudice the opponents of Eclecticism would have scorned to use, even had the life of the patient depended upon it.

As the years go by and we daily find that our remedies invariably accomplish that which we expect of them, we continue to grow still more fond of these, our handmaidens, perhaps on the same principle that a man loves his wife better after forty years of married life than even on his wedding day. We feel, then, that in instructing our students along the lines of the proper use of these valuable vegetable drugs, we send them forth doubly equipped and especially fitted to be successful physicians.

Having now our new college peculiarly adapted for teaching purposes and so amply provided with every means for the practical demonstration of working theo-

ries, we feel more than ever confident of continued success with larger classes of enthusiastic students.

As we have no large endowments for carrying on the work we must depend upon individual effort, and I take this opportunity, on behalf of the dean, to thank those who have done so nobly in assisting us in the consummation of this grand work—the complete and thorough renovation of the college building. To each and all of you we extend a hearty invitation to visit our new institution, where we shall be very happy to show you around and make you most welcome.

I close, then, with the hope that the success of the past years may be merely a foretaste of that which is to come.

Address*

BY HON. EDWARD LAUTERBACH, LL. D.

* Delivered at the Forty-third Annual Commencement of the Eclectic Medical College of the City of New York, held at Carnegie Lyceum, Friday evening, May 13th, 1904.

Ladies and Gentlemen:

The 'broad and liberal spirit which characterizes Eclecticism has been manifested in my selection to address you, for, although it is customary to allot this task either to a physician or a clergyman, the faculty, realizing, perhaps, the exceptional excellence and moral rectitude of the present graduating class, felt that it would be safe to entrust the duty to a mere lawyer.

One of the reasons for accepting the honor was that owing to their unusual ability the members of the present graduating class will undoubtedly appear as experts for the plaintiff in railroad accidents, and as I may represent the defense, I want to see what manner of men and women are to perform what seems to have become one of the most lucrative and ready-to-hand functions of the up-to-date medical and surgical practitioner.

Possibly, as my introduction by your president would seem to indicate, the invitation was extended to me because of my very recent election to the Board of Regents of the University of the State.

In these days, happily, no member of that Board, now in the 120th year of its existence, need hesitate to greet and be welcomed by your independent powerful organization, composed of men competent to practice medicine, but insisting upon practicing it according to their own sense of right and with their own adaptation of the teachings of science, without being hedged about or limited by precedent, often faulty, frequently mischievous and certainly not in all cases absolutely reliable.

Twenty-five or thirty years ago, or before that period, an assembly such as this, called together to celebrate, incidentally at least, the remarkable progress of the Eclectic system of medicine and its grateful acceptance by the community, would not have received whatever encouragement the presence of any State official, even in his individual capacity, might give, since the attitude of the State, like that of other States, was hostile to the organization and maintenance of medical colleges other than those of the allopathic school.

The struggle of Thompson, of Beach and other self-sacrificing men, with whom names you are more familiar than I, which culminated in about the year 1848—that remarkable year when the whole world seemed to revolutionize itself into a spirit of greater independence and freedom, akin to the spirit of '76—broke down the barriers which had been set up, preventing men of independent, yet scientific, thought from practicing medicine except in accordance with a system which had been brought down from the time of Hippocrates and Galen, and though modified,

still embarrassed by the superstition of tradition.

The initial victories of your militant predecessors brought about great and favorable changes in public sentiment so that finally the legislature provided that regents' examinations for medical degrees should be held under the auspices of the University of the State of New York with privileges accorded equally to Allopaths, Homoeopaths and Eclectics.

These examinations are now held by unprejudiced official examiners appointed by the university, the questions being prepared by experts representing equally the Allopathic, Homoeopathic and Eclectic Societies.

The examinations in the great essentials of anatomy, physiology, chemistry, pathology and in all the fundamental requisites for the thoroughly equipped physician and surgeon of to-day are identical, with the exception of therapeutics, materia medica and practice, which, while they mark the essential differences between the three great schools of medicine, do not constitute vital and controlling factors of substantial qualification.

Since, therefore, the diploma to be received by the members of the graduating class represents to the fullest extent as much learning acquired, as much industry applied, as much zealous devotion to the noble profession by its recipients as does any similar certificate of qualification issued by any medical institution in this State or elsewhere (because the requirements under the laws of this State are as exacting as they are anywhere), you eight graduates can go forth boldly and fearlessly to pursue your self-sacrificing vocation meaning so much to humankind, with perfect confidence, not only in your attainments, but that the State and its people recognize you before the law, and, in fact, as the peers of those whose initia-

tion into professional life is made under the auspices of other similar institutions.

Marvelous as has been the accomplishment of the present faculty of your college and its predecessors, sincere as are the congratulations which are extended to them, earnest as is the hope for the development of the cause to which they are devoted, and encouraging as is the progress which has been made, there is yet one instrumentality left unrealized, which, in my judgment, must be secured before the sphere of action of the Eclectic Medical College of the City of New York shall be as complete as its founders have intended. That requisite is an hospital to be managed and controlled as to its temporal and secular functions by a board of directors of laymen who believe in the beneficence of your system, and whose technical affairs shall be under the direction of a board of practitioners of the Eclectic school; its trained nurses to be educated along the lines of your distinctive methods; the operations at whose clinics are to be performed by your professors, and above all whose doors shall be wide open to the matriculates and graduates of your college, so as to afford to them the same opportunities which present themselves to the students of other colleges.

Actual hospital practice has become an essential factor in a fully developed, well-rounded course of medical and surgical technical training.

You have approximated this desideratum in the establishment of a well managed dispensary, but the rapid evolution which has marked your career will reach its culmination when an Eclectic hospital shall have been created.

I am intimately associated with the affairs of the Mount Sinai Hospital and know its history. It was organized in 1860 and with the endowment only of a small and inexpensive building on 28th Street. It rendered splendid service in

its infancy to the soldiers of the Civil War. It grew and extended beyond its capacity, but its merit was recognized by the Jewish community, and it was enabled to build its hospital on Lexington Avenue, with which you are familiar. Its benefactions were extended to all, irrespective of race, creed or religion. Its list of contributing members grew from day to day, its private wards, comparatively few in number, were liberally patronized. Its free ministration to the poor was proportionately larger than that of any other institution, so that for years it became the chief beneficiary in the distribution of the popular Saturday and Sunday Hospital collection.

Again the demand upon it by the community exceeded its ability to respond thereto and again it has found support from individuals who have recognized its worth and have enabled it to make an expenditure of nearly three million dollars in erecting on Fifth Avenue a hospital complete in all its appointments, adequate to meet any usual demand upon its resources, equipped with every essential known to modern science for rendering surgical and medical aid, with laboratories for pathological, bacteriological and physiological research, with convalescent accommodations, a perfected utility not only for the suffering and sick, but of inestimable advantage to the allopathic practitioner in every department of medicine and surgery.

Other similar institutions under the auspices of the Allopath and the Homoeopath attract daily attention, maintaining the allegiance of their believers and adding to their number, arousing, moreover, an association of interest and a unity of endeavor among those identified therewith professionally and securing for them in public estimation preeminent rank and enviable standing.

May we not lay the flattering unction to our souls that before long Eclecticism will rear for its adherents a temple of this nature consecrated to the holiest of purposes, the amelioration of the sufferings of the afflicted?

Apropos of this subject, I invite the attention of the faculty to an equity, to which they are manifestly entitled to lay claim. Recognizing the cosmopolitanism of our population, the Bellevue Hospital and others controlled by the municipality have been placed under the jurisdiction of laymen representing various religions. It is now proposed to erect a hospital by the community under the administration of this board, the cost of which will exceed ten million dollars. It is intended to accommodate five thousand beds. Will it not be an accord of simple justice that among its professional staff shall be numbered a fair proportion of the leading physicians of the Eclectic school?

To you graduates I have but few suggestions to make. The difficulties which will beset you in your vocation, the arduousness of the profession which you have embraced are known to you.

The principles of honor, of devotion to the interests of your patients, of the necessity of great self-sacrifice have been so fully set forth this evening and during your collegiate career that it would be a work of supererogation to emphasize them now.

I do bespeak, however, for the inculcation and the development of a spirit of co-operation among those with whom you have been associated, and with those who maintain the professional methods which you have deemed fit to adopt.

The first Trust of which I have any recollection, and the most successful one of which I have any knowledge, was that founded back in the fifties by a dozen graduates of the German universities who came to this country without practice, but pledged to sustain each other.

Organizing a dispensary they recommended one another to those who sought its aid, adopted specialties, and in the course of a few years secured for each of their number a large and paying practice and great reputation.

It appears to me that one wrong exists which I hope in the future may be remedied. Too many years of sacrifice are exacted for the acquisition of a profession before the life-work of its devotee can be actually initiated.

In the case of the doctor the exaction is the most serious. Those who wish to take up pedagogy require only two years of technical education; the lawyer is presumed to be fully qualified by a course of three years; in fact, one or two law schools undertake to turn out graduates in two years; only a like period is required to be devoted by the engineer. But, from those who will be called upon to lengthen life, to remedy ailments, to know the human form, its functions, its derangements, four years of diligent and unintermittent study are required. These requirements should not be lessened, but the preliminary education now exacted before matriculation at the professional schools can be entered upon is calculated to postpone the beginning of professional training until too advanced an age. The requirement of a college diploma or of Regents' counts equivalent thereto is too severe. It calls for a devotion of four years each to the primary school, the grammar school, the high school and the college—sixteen years of preliminary training, bringing the student in the majority of instances up to his twenty-third year before the special training for which he yearns can be begun, and bringing him not in exceptional but in most instances to his twenty-seventh or twenty-eighth year before his emancipation from college or university life.

It is to be hoped that those who have the administration of educational affairs

will appreciate this situation and that such modification may be made as will enable the young physician to become licensed to perform his duties before he has reached so advanced an age as to impair his chances for success.

May good fortune, at least proportionate to the extent of your deserts, attend you graduates of the Class of 1904, and from the ever increasing number of the followers of Eclecticism may there come to your lot the faith and confidence of patients, who, recognizing your merits, will bring about for you in a material sense, a success as abundant as your fondest hopes can lead you to anticipate.

Address Conferring Degrees.

BY W. R. SPOONER, LL. D.

* Delivered at the Forty-third Annual Commencement of the Eclectic Medical College of the City of New York, at Carnegie Lyceum, Friday evening, May 13th, 1904.

Graduates:—Before entering upon the pleasant duty so soon to be mine of conferring upon you the well-earned degree of Doctor of Medicine, I wish to say a few words with reference to the very excellent address to which we have listened. The speaker who has so delighted us, said in his opening remarks that he thought he detected in the manner of introduction that the reason the invitation was extended to him was because of his connection with the Board of Regents. This was only one of very many, for I knew when he accepted our invitation, that we would upon this occasion have something different from anything we have ever had before, something that would give us occasion for thought, something that would furnish the incentive to another step forward in Eclecticism, and grandly has Mr. Lauterbach fulfilled this expectation. If you members of the graduating class and the rest of

your colleagues in the Eclectic medical profession will address yourselves earnestly in the direction of securing for this city an Eclectic hospital such as we ought to have, there will be nothing that can prevent its accomplishment.

But now, Graduates, personal to yourselves. This to you is commencement night, and I say to you as it has been my privilege and duty on previous occasions to say to others in possibly different language, but with the same thought, that "commencement" may seem a really strange term to apply to what at first blush would appear to be the end. You have reached the end of your college course, you have reached the point where you will receive your diploma, but it is the real commencement of your medical education. Up to this time you have been carrying on your studies with the protection and under the supervision of others, but you have now reached the time when you commence your own study without their intervention. You are now fitted to carry on your research and study without their guidance. This is the real commencement.

You are of course, looking forward to your professional career in the practice of medicine, but before you can any one of you hang out your shingle (I use the word "shingle" as it is spoken of familiarly by those who practice medicine)—before you can hang out your shingle as doctors you must pass your examination before the Board of Regents. However, the trustees and the faculty of the Eclectic Medical College never have any apprehension when any of our classes go before the Board of Regents. The statute which placed our college on an equal footing with others was of especial advantage to us because it served to show the great excellence and thoroughness of our college training and instruction in the uniform success of our graduates before the Board of Regents.

On this platform a year ago on the occasion of the commencement of the class of 1903, I expressed to the members of that class then before me the confident expectation that they would all succeed and that it would not be through them that the first failure among our graduates should come, and what a splendid record those twelve made, every one of the twelve passing creditably and three of their number, 25% of them, receiving such high percentages as to earn their licenses "with honor." I have also great confidence in your success before the Board of Regents, and I trust that the future will show that our expectations will be realized. I wish also to say to those who are to come after you and make up the class of next year and the years to follow that they should employ the hours diligently and profitably so that when their turn comes they may not be found wanting.

And now as to your profession, just a few words. Remember that a certain portion of each recurring day, week and month should be given to study. I do not necessarily mean the sitting down to some particular text-book which you have practically mastered and reviewing that, but that study which advances you in your profession, that thought which keeps you up to date, that effort which will permit you always to be abreast of the progress of medical science and medical research.

Remember also in your practice that you cannot achieve that greatest success in dealing with the body, in ministering to physical ills and relieving physical suffering, unless you have that thought for the soul which makes of you God-fearing men and God-fearing women.

Another injunction I want to add, and that is—never in the course of your practice let it be said of you that any man, woman or child needed **your** professional services and you refused to give them because the patient was unable to pay. But

equally, I say to you, never let the patient who can pay impose upon you for gratuitous treatment.

And now with these words of injunction, suggestion and encouragement it becomes my privilege to bestow upon you these diplomas which you have so well earned and by authority of the Board of Regents of the State of New York and of the trustees of the Eclectic Medical College of the City of New York, to confer upon you the degree of Doctor of Medicine.

Annual Meeting of the Alumni Association of the Eclectic Medical College of the City of New York.

Prophecies do not always come true, but the one made concerning the 1904 meeting of the Alumni Association of the Eclectic Medical College of New York has certainly proven itself correct. There was a good attendance, fine addresses and a generally good time.

More members were present than at any previous meeting, at least twenty-eight classes were represented. The two first classes ever graduated from the College had each a representative this year. This has not occurred for some years. Members attended who have not been at the annual meetings for years. Now realizing what they have missed, they will probably make earnest effort to be present at future reunions.

A new departure in the program was the holding of a symposium in place of the usual address. Dr. Max Meyer gave a lecture on "Radium," covering its early history and later developments.

Dr. W. H. Wyatt-Hannath spoke on static electricity and its application to the treatment of certain diseased conditions. Dr. A. W. Herzog lectured on radio therapy, showing the constantly increasing adaptability of light in medical practice.

Dr. W. L. Heeve spoke on X-rays and their practical uses, with exhibition of interesting cases. All of these addresses were followed by experiments and illustrations, making the whole exceedingly interesting and profitable to the many physicians present.

The collation provided by the ladies was most daintily and attractively served.

The after dinner speeches were opened by the Dean of the College, Dr. G.W. Boskowitz. Dr. Boskowitz spoke for the college, eloquently portraying the principles of Eclectic medicine, and urging upon the members present the necessity of sending students to the school so that this humanitarian system of medication might be promulgated and continued. He referred to the fine equipment of the College, the earnest and enthusiastic workers on the faculty, their ability to give thorough instruction, etc., and asked that they be encouraged in their work, not only by kind words and complimentary resolutions, but by united efforts to send students to Eclectic Colleges, and this was the key note for those who followed.

Dr. A. Fox, Dr. G. W. Thompson, Dr. J. H. Gunning, Dr. F. W. Abbott, Rev. Dr. Hyde, Dr. A. R. Tiel, Dr. Hinds, Dr. Bulson, Dr. Brandenburg and Dr. Krausi made brief, happy speeches.

The following officers were elected for the coming year:

For president, Dr. S. R. Schultz; first vice-president, Dr. V. Sillo; second vice-president, Dr. I. Cohen; third vice-president, Dr. I. Mendelson; secretary, Dr. H. C. Hinds; treasurer, Dr. A. W. Tompkins.

After which the meeting adjourned, though some still lingered for the yearly handshaking.

A. C. HINDS, Sec'y.

Send for catalogue of Eclectic Medical College of the City of New York, 239 East 14th Street.

Radium.

BY MAX MEYER, M. D.

The subject of radium having been allotted to me as a topic for consideration at this our Alumni meeting, I would it were within my power to give you complete information as to its character and properties, its phenomena, paradoxes and surprises which have startled and disturbed the accepted theories of the scientific world. Hypothesis upon hypothesis has been advanced, but as yet we have had no adequate explanation of the secret of this mysterious substance.

Personally my experience with radium has been but slight, and for this reason I have been compelled to gather the facts from the researches of others. It follows, then, that I am unable to present anything radically new for your consideration and must ask your indulgence should I repeat facts which you have already read.

In 1896 Henry Becquerel discovered that when metallic uranium was exposed to the sun's rays it apparently had the power of absorbing them and would then cause an action upon a photographic plate. These light-waves were termed "Becquerel rays" and their strength or activity was estimated by the rapidity with which they discharged a gold leaf electroscope. This discovery naturally attracted great and immediate interest, and some time afterward Prof. and Mme. Curie experimented with the Becquerel rays, using for their investigations different specimens of ore, until, one day, they found in a mineral, called pitchblende, a wonderfully strong exciter of Becquerel rays, producing an activity four times stronger than any other known substance.

Pitchblende is an exceedingly complex mineral and is by no means found plentifully; it appears in small lumps in veins of gold, silver, mica and granite. It contains eight to ten elements, requiring in-

genious chemical methods for their separation. It is found in Bohemia, Saxony, Norway, Egypt, North Carolina, Colorado, Utah and Texas.

It is comparatively easy to extract uranium from pitchblende, but to get radium from the residue is a very complicated process, and it takes five million pounds of uranium residue to produce one pound of radium. There is even more gold in sea water than radium in the earth!

The Curies pursued their investigations further and separated a radio-active substance stronger than uranium, which they termed polonium, and afterwards a still more active one named radium.

Polonium seems related to bismuth, separating with the latter, while radium accompanies barium, resembling it in its reactions and being separated from barium by the difference in the solubility of the chlorides in water and alcohol containing HCL.

Radium belongs to the elements of the alkaline group, as Ca, Sr, Ba, Th, coming between Ba and Th and having a special affinity for the former. According to Mendelief's periodic law, radium has an atomic weight of 257.8.

Shortly after the discovery of radium Debierne isolated another radio-active substance to which he gave the name of actinium.

By radio-activity we understand the emanations of light waves—some invisible to us without a medium—giving off rays in the statu nascendi by their own inherent power. The most important radio-active substances are calcium sulphide, zinc sulphide, thorium, uranium, polonium, actinium and radium.

Metallic radium has been isolated, but as it oxidizes rapidly and becomes inert, either the chloride or the bromide is manufactured and ranges from 45 to $1\frac{1}{2}$ million radio-activity. The standard of radio-

activity is uranium, which is calculated as having a radio-activity of 1.

The salts of radium look like common table salt, and a pinch sealed up in a glass tube costs from \$50 to \$500, according to its strength. All of the radium salts so far manufactured in the world could be heaped upon a single tablespoon.

To produce a high degree of activity, uranium-radium chloride crystals are dissolved in water and allowed to re-crystallize. The crystalline part being preserved, that which remains in the solution is washed off. Acid is added to the crystals, then water; it is then re-crystallized and the solution poured off again. This process, known as fractionation, is carried on for an indefinite period. Each time a greater amount of radio-activity is concentrated in the crystals that remain, the weaker uranium being poured off.

The chemical action of radium upon glass is so strong that the colorless glass tube in which radium is kept becomes almost black in about a month. Lead, rocksalt, quartz, mica and fluorspar stop the penetrating power of radium.

Not only wonderful, but also dangerous is this new substance, and if we could gather a pound of it in a tube it would kill all who came within its influence. At first when we handle the white powder we do not notice any ill effect, but in a week we are made aware of its influence, as the skin peels off and ulcers result, which are slow to heal.

In the dark radium glows like living fire and the purer it is the more brilliantly does it glow. It seems like a live coal, but no sensation of heat is perceived. This effect is now supposed to be brought about by the disintegration of the atoms which takes place in three stages, each occurring abruptly. Between these three stages intermediate forms exist which are called A, B and Y radiations. The A radiations consist of small solid particles

of matter about the size of hydrogen atoms and having peculiar chemical properties. They shoot off from the material with a velocity of 20,000 miles per second. The B radiations are supposed to be volatile particles, still smaller than the former and moving with a terrific speed of 92,500 miles per second. The Y radiations are said to be real etheric electrified vibrations, similar to the Roentgen rays, but of still greater penetrating power.

According to the electron theory atoms are made up of groups of electrons, the latter being the small unit-charges of negative electricity, and as the A rays represent the positive charge and the B the negative, we would expect that equivalent quantities would be given off and would neutralize each other. This, however, cannot be determined, because the change produced by the radio-active energy is so slow that the electrical effects cannot be measured and the products cannot be accumulated in sufficient quantity to be detected and analyzed by chemical means.

A curious little instrument, called a spinthariscopescope, has been constructed by Crookes, to note the emanations from radium and to realize, as never before, the extraordinary atomic disintegration that is going on constantly in this strange metal. The spinthariscopescope is a small microscope that allows one to look at a tiny fragment of radium supported on a little wire over a fluoroscopic screen. The experiment must be made in a dark room after the eye has gradually acquired its greatest sensitiveness to light; looking, now, through the lenses the screen appears like a heaven of flashing meteors among which stars shine forth suddenly and die away. This goes on continuously as the metal throws off rays like myriads of bursting, blazing rockets, similar to the most magnificent pyrotechnic display. This phenomenon contained in the area

of a small circle, not larger than a one-cent piece, is most beautiful and impressive and seems to be the birth of the universe in miniature.

Then, too, radium really gives off heat as well as light and gives it off continually without appreciably losing in weight. It has been calculated that a fixed quantity of radium, after throwing out heat and light for a thousand million years, would lose only one millionth part of its bulk and this is what seems to be a miracle to the scientific world. Imagine a coal, burning day in, day out, for hundreds of years, always bright, always giving off heat and light and yet growing neither smaller nor turning to ashes! This is the almost unbelievable property of radium which melts its own weight of ice every hour.

What is the reason for these extraordinary properties? Is it not perpetual motion?

When we know more of radium perhaps we shall be better prepared to say what it really is and we shall have to unlearn many of the great principles of physics and chemistry which were seemingly settled for all time. Radium defies the very law of the conservation of energy. And think what a boon to the poor student! We do away with the atomic theory and other laws, with formulae and equations, with the 80 elements and other tribulations—we throw them all aside and simply study the one and the only one—radium. The future may bring us the happy realization of this, but unfortunately we must for the present cling to our venerable theories.

Radium has the power of communicating some of its strange qualities to certain substances brought within its influence and nearly everything that comes into contact with it becomes radio-active, even the experimenter's hands and clothes, also the air around radium turns into a better

conductor of electricity. Ramsay and Sorry have converted radium into helium, a new element, which is an important one in the photosphere of the sun and extremely rare on the earth.

The practical mind sees in radium a new source of heat and light—a furnace that would never have to be fed or cleaned—a lamp that would glow perpetually, and the time may really come when the inventor will take hold of the wonder produced by the scientist and devise many practical appliances.

The use of radium for pictures of dense substances has not proved as satisfactory as have the X-rays, since the lines are not sharply defined and the photographs are blurred. At the approach of radium pure gems are thrown into great brilliancy, while imitations remain dull.

It has been observed that radium rays will diminish or inhibit the growth of certain bacteria, as anthrax, typhoid, coli communis, liquefaciens, prodigiosus.

The influence of radium upon animal life is one of its most interesting phases. Besides being an agency for the destruction of life it can actually be used to prolong life, and the future may show many wonderful uses for it in the treatment of disease. It is reported that cases of lupus have been cured by it; also that it will help to restore sight in certain cases of blindness.

Dr. Danysz, of the Pasteur Institute in Paris, has tried the effects of radium on mice, rabbits, guinea-pigs and other animals. He found that if exposed long enough they all died after losing their fur and becoming blind. He made his most startling experiment, however, in February, 1903, when he placed four dozen little larvae that live in flour in a glass flask, where they were exposed for a few hours to the radium rays. He placed a like

number of larvae in a control flask where there were no radium rays and left enough flour in each flask for the larvae to live upon. After several weeks he found that most of the larvae in the radium flask had been killed, but that a few of them had escaped the destructive action of the rays by crawling away to distant parts of the flask, where they were still living, but as larvae, not as moths, as was the case in the control flask. More weeks passed and still a few larvae lived, and after four full months one larvae was still alive, whereas in the control flask, generations from larva to moth and from eggs to larvae had passed. But in the radium jar a larva was living which had passed through three times the span of life and still showed no sign of changing into a moth. This is very much as if a young man of 21 should keep the appearance of 21 for 250 years!

Not less remarkable are the experiments of Dr. Bolm at the biological laboratory of the Sorbonne, to produce new species of monsters, abnormal deviations from the original type, by means of radium. Furthermore, he has been able to accomplish with radium what Prof. Lock, of Chicago, did with salt solutions, namely, to cause the growth of unfecundated eggs of the sea-urchin, or, in other words, he has used radium to create life where there would have been no life but for this strange stimulation.

We seem, indeed, to be on the borderland of still more wonderful discoveries. Perhaps these radium investigations will lead to some explanation of the great question in science: "What is electricity?" or even, who can say—may solve the profounder problem: "What is life?"

Send for catalogue of Eclectic Medical College of the City of New York, 239 East 14th Street.

The High Frequency Current.

BY W. H. WYATT-HANNATH, M. A., M. D.

Professor Meyer has just told us many interesting things about that singular substance radium, which, for instance, gives out so much energy that the absorption of this by the radium itself is sufficient to keep its temperature permanently above that of the air by about two degrees, energy enough per hour to raise the temperature of its own weight of water from the freezing to the boiling point, an evolution of energy going on uninterruptedly and without diminution for a period of fifty thousand years, for such is the life of a sample of radium as calculated by Professor Thompson, of Cambridge University. This energy, we are told, arises from the transformation of radium into other forms of matter and a part at least of this emanation has been found to be identical with another of the new elements, helium. I remind you of this because it is a remarkable instance in the chain of proof that all the so-called elements are not what we have been taught in chemistry to believe them to be—primary substances incapable of division—but that in reality each and every form of matter is nothing other than some varying form of electricity, as Sir Oliver Lodge puts it, "electricity is after all the fundamental substance and what we have been accustomed to regard as an indivisible atom of matter is built up out of it; that is, all atoms are built up of the same thing."

It is of one of these manifestations of electricity as used in medicine that I am to speak to you—the High Frequency Current. This is a current of enormous potential or voltage and extraordinary frequency of alternation reaching in some cases hundreds of millions of alternations per second. The current from the static machine is of this kind for in administering the "wave current" keeping

down the frequency of the discharges for purposes of observation you can, when they are not too rapid, plainly see the vibration of the hair of the patient, you can feel them also when your hand is held a few inches distant. The apparatus generally used for generating the high frequency current consists of a pair of condensers—Leyden jars—which are charged by connection with the prime conductors of a static machine or a Roentgen ray coil. When they spark the charge from their outside coating passes into the primary of a coil composed of a small number of turns of wire which is insulated from its secondary, composed of only a few more turns of wire, by a tube of Bohemian glass to prevent sparks passing between the coils. The current is then applied to the patient either by carbon or metal electrodes to give a spark or through vacuum glass electrodes to give a painless spray discharge—the violet ray which is now so much discussed. The first apparatus of the kind put on the market in this country, "Dr. Waite's Hyperstatic Converter," I now exhibit to you. The form known abroad as the "Oudin resonator," or "Braun transmitter," is manufactured by several makers here. The Wappler and Biddle apparatus are ingenious since the one has a non-insulated coil and the latter dispenses with it, this apparatus giving static rather than high frequency effects, the prices range from \$18 to \$35. The vacuum glass electrodes are of various shapes for internal and external use, into some the current is led by a platinum wire, in other kinds the tube is held by a metal collar part of the discharge passing through the glass wall into the interior by induction and part running on the outside. I began to use the hyperstatic converter five years ago and found it of great use in various forms of chronic skin disease and muscular rheumatism, though I now use it

only to administer a spark to a sensitive woman or child, which can be done by its means without causing appreciable pain. After using the apparatus for a time I became convinced that a current of the kind of much greater quantity than I could get from the static machine would be of far greater use, accordingly I began to experiment with coils and am now using a 3 H. P. motor to drive a 100 volt 20,000 alternating dynamo of 20 amperes capacity. The current goes up to ten thousand volts through a step up coil insulated in oil and then through a condenser and Tesla coil insulated in oil to half a million volts, the resulting current being of such volume that it will melt the metal terminals of vacuum electrodes and make the glass unbearably hot, this apparatus easily gives a 10-inch spark. The Thomson roentgen ray transformer, one of the most powerful apparatuses made, only gave a 5-inch spark. The output of each end of the coil runs into a large vacuum glass rheostat and is taken out under perfect control and applied to the most sensitive parts of the body without any pain. This current of enormous quantity has been of the greatest use in articular and muscular rheumatism, psoriasis, chronic eczema, acne, the neuralgias, gleet, the absorption of pus, and some forms of paralysis, giving, when needed, as well as the violet ray, by means of the ultra-violet ray lamp or the double pole spiral glass vacuum electrode a large quantity of ultra-violet rays. When used in conjunction with radiant heat as the violet ray bath it transcends all other methods of treatment in nervous prostration, some forms of Bright's disease, fatty heart, gout, rheumatism and obesity. In the latter case an average of a pound a day can be taken off at a temperature not exceeding 95 degrees for a month or more if necessary, leaving the patient in better condition than when he

started and without the flabby skin and depressed condition which follow the use of any other method when so great a quantity of flesh is removed. The force of the current is great enough to drive ozone into the capillary circulation; this as nascent ozone is also inhaled by the tuberculous patient and the same agent is generated in great volume to disinfect the bath and render it sterile for each treatment. The violet ray bath has, I think, a wider sphere of usefulness than any other single remedial measure.

Radio Therapy and Photo Therapy.

A. WALDEMAR HERZOG, A. M., M. D.

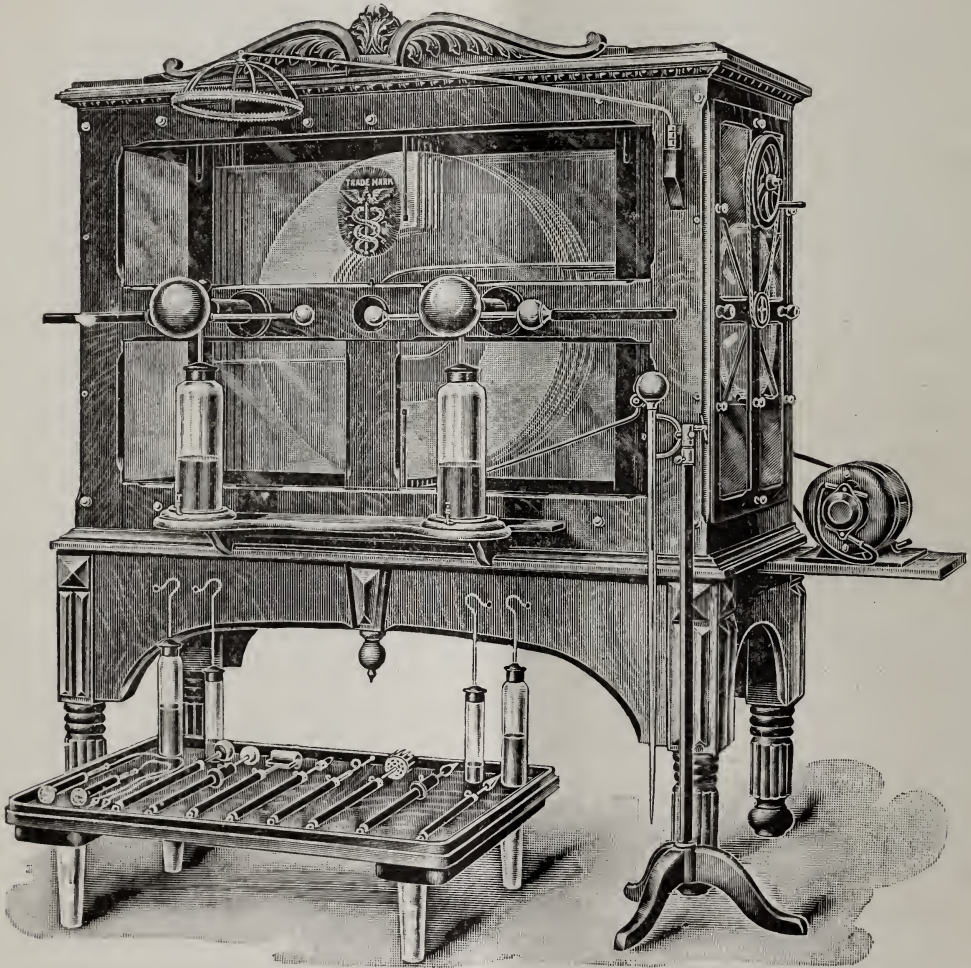
Were I an enthusiast, I could easily claim that Goethe, when he died, calling out: "Light, more light," had an inspiration, that the application of phototherapy or radiotherapy might prolong his life. Or perhaps he desired to leave his last words to posterity, so that they might, studying over his words discover that light, more light is needed, not only in the study of disease, but also in its cure. I might perhaps enlarge on this by proving that Goethe, the great German poet, was not a poet only, not a Statesman only, but also a scientist of high degree, who devoted many years to the study of colors, and that it is quite possible that he who wrote a book, propounding a new theory on color, had made a great discovery in relation to the medical value of light, which he on his dying bed gave to posterity—sphinx like, in the words—"Light, more light." However, be this as it may, whether Goethe on his dying bed gave to us a hint as to the value of phototherapy, or not, it must not be believed that the value of light as a therapeutic agent has not been recognized until lately.

It is quite some years ago that it was found that plants which were deprived of light did not grow properly, and that by changing the intensity and color of the

light of glass houses, it was possible to change the odor and color of plants. The Romans, the Greeks and other people of antiquity used the solarium or sunbath and claimed for it great medicinal value.

From time to time the therapeutic value of light in general and various colored

papers, still no systematic study of the value of light was made, and although only a few years ago an article appeared in the daily papers, advocating the use of transparent paper instead of glass for windows, the beneficial effect of the substitution was ascribed to the greater



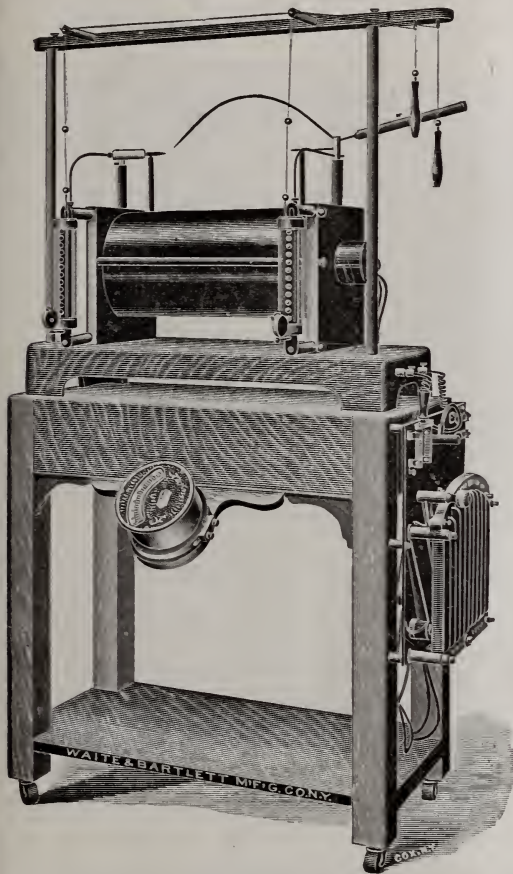
Static Machine for the production of Roentgen or X-rays, Hyperstatic Electricity, the D'Arsonval Current, Violet Rays and Ultra Violet Rays.

lights in particular was exploited, as for example, the "blue light craze" of more than 20 years ago; yet while once in a while fragmentary hints as to the value of light in certain conditions, and the exclusion of light in others (as for example in variola) appeared in medical

porosity of the paper and not also to the fact that the ultraviolet rays will pass through the former, while they do not pass, or at least only very sparingly, through glass.

If a patient's complexion did not have a healthy appearance, it was quite fre-

quently that his physician prescribed "light and air," but these terms were used as generic terms, and hardly a thought existed that light does differ not only in quantity but also in quality. During the last few years, however, the action of light has been studied systematically and enthusiastically, with the result that at present Phototherapy and Radiotherapy have forged their way into the foremost rank of therapeutic measures.



X-ray Coil.

Time does not permit my going into details, nor into a description of the different rays, so that I must crave your pardon if my paper mentions with a few words only, things that merit chapters.

When we speak of Phototherapy and Radiotherapy, we mean the treatment of disease by means of light rays, both visible

and invisible, heat rays and other rays. Thus we speak of treatment by means of Roentgen rays, sunlight, Finsenlight, bluelight, redlight, ultra violet rays, violet rays, Becquerel rays, radium rays and so forth.

The treatment which is best known at the present time is the treatment with the Roentgen or X-rays. This is produced in a vacuum tube either by means of a static machine or an induction coil. Either of the two works satisfactorily. The apparatus which I employ is a twelve plate Waite and Bartlett Static Machine, capable of giving me a thick spark over seventeen inches long.

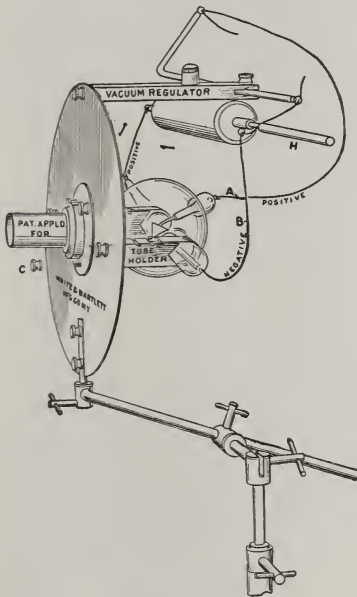
As to the Roentgen tubes employed, there are a great many different makes which can be used for the purpose.



X-ray Tube.

In regards to the use of the Roentgen Rays for Radio Therapy, one must bear in mind not only the kind of apparatus one

uses for the production of the electricity, but also the quality of the tube and penetrating power of the same, the distance of the tube from the part to be rayed, the time of exposure, protection of parts not to be treated and various other points too numerous to mention. Roentgen ray therapy is indicated in diseases of the hair, as for example hypertrichosis, favus, sycosis and alopecia areata.



X-ray Shield.

Also in diseases of the skin, as lupus vulgaris, ulcus rodens, scrofuloderma, tuberculosis cutis, atonic ulcers, varicose ulcers, mycosis fungoides and epithelioma.

It is also indicated in eczema, psoriasis, prurigo, lichen, pemphigus, the various forms of dermatitis, lupus erythematosus, acne vulgaris, acne rosacea and furunculosis. It has also been used with good results in cases of naevus flammeus, verucae and elephantiasis. Good results have also been reported in cases of carcinoma, sarcoma, neuralgia and in articular and muscular rheumatism. Lastly it must not be forgotten that cases of tuberculosis, both of the lung as well as of the perito-

neum, have been reported cured by a number of authors.

It must, however, be stated that experiments have proven that the Roentgen rays exert absolutely no perceptible influence on either the bacilli of diphtheria, nor upon tubercle bacilli, nor on the bacillus prodigiosus. Yet it must be remembered that in Roentgen Therapy not only Roentgen rays but heat, ozone, cathode rays, ultra-violet rays, rays composed of material particles, spark and brush dis-



Instrument to test the penetrating power of X-ray Tube.

charges from the high tension electricity accumulated on the surface of the tube, electric or electro-dynamic waves and rays of unknown character are all acting together (Freund), so that although the results in the treatment of tuberculosis pulmonum may not be ascribed to the Roentgen rays direct, they must be due to one of the forces just enumerated.

In radio therapy the treatment with Becquerel rays is the very simplest possible.

No sort of electric apparatus is employed, for these rays are emitted by uranium salts, by polonium, actinium, thorium and radium. Radio active salts fluoresce unintermittently, without any

preceding illumination, by means of their own rays, which proceed from the depth of their own substance. (Freund).

Becquerel rays blacken a photographic plate. The action of these rays is very similar to those of the X-rays. They have the power of passing through dark, opaque bodies and then acting on a photographic plate or a fluorescent screen. They have no action on bacteria and produce a dermatitis very similar to an X-ray dermatitis.



Tube for the Production of Ultra Violet Rays.

As to the medicinal value of these substances nothing definite can be said as yet. Radium comes in the market in different strengths, from 240 radio-activity to radio-activity of one million, eight hundred thousand. The first too weak, the last too strong to be used therapeutically. The samples of radium I employ are ranging between one and twenty thousand radio activity.

We now come to the consideration of sunlight, arclight and incandescent light. While experiments have proven that neither the Roentgen rays nor the becquerel rays have any bactericidal power to speak of, it has been proven beyond the slightest doubt that sunlight as well as arclight have bactericidal action. It has also been proven that the ultra violet rays of the spectrum causes light erythema.

It is generally held that the ultra violet rays are unable to penetrate glass, but penetrate freely through rock crystal.



Ultra Violet Ray Lamp.

Also that it is absorbed to a great degree by the skin so that it cannot penetrate to the deeper structures. Blood freely circulating in the skin will prevent the passage of the ultra violet rays; therefore, in the application of these rays either a compressor is used on the part to be treated, or adrenalin chloride is used either hypodermically or cataphorically so as to exsanguinate the part.

As to the power of direct sunlight and arclight to penetrate to the deeper structures of the body, it has been proven that direct sunlight as well as arclight of 25 amperes and 110 volts, such as I employ in my office, will pass entirely through a human body, sufficiently to blacken sensitized paper. As to the effect of sunlight and arclight on the human body, it has been proven experimentally, that under the influence of light the tissue change in men undergoes certain modifications.

It has been proven that various tissue cells, as for example blood, pus, muscle, kidneys and liver absorb more oxygen in the light than in the dark. It has also been proven that human beings give off less carbonic acid in the hours of the night than in the daytime. It has furthermore been proven that yellow and violet light induce the maximum of energy in all the vital processes, more complete metamorphosis prevailing under the influence of violet light.

It has also been found by experiment that blue has a soothing, red and exciting effect on those mentally affected. Freund sums up the effects of light as follows:

(1). It has an irritant effect on the skin, producing inflammation.

(2). It promotes perspiration.

(3). It has a direct effect on the blood and the blood vessels.

(4). If a large portion of the body be exposed to strong light it causes a considerable rush of blood to the surface and thereby depletion of the internal organs.

(5). It modifies directly or indirectly the transmutation of matter.

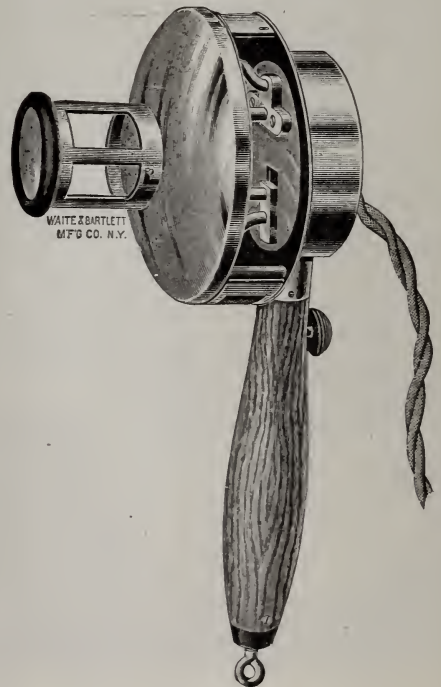
(6). It incites movement.

(7). It exercises influence on the nervous system and the mind.

(8). It has paraiticidal power.

Sunbaths, which are of benefit in disorders of nutrition, like obesity, diabetes, gout, in scrofula, rachitis, asthma,

anaemia, cachexia, nervous affections, like neuralgia, neurasthenia and sciatica and disease of the skin and mucous membranes, are given by placing the patient on a mattress in such a position that the light reaches as much of the body at the same time as possible. In some cases very strong light is preferable, then the treatments are naturally short, say from quarter of an hour to three-quarters of an hour; in other cases a milder and more prolonged action is, however, desired, then the diffused sunlight is used and this both



Hand Arc Lamp.

direct as also reflected by mirrors.

One of my cases I treated in this way successfully by practically surrounding him with reflectors and letting him lay on his bed entirely nude during the whole day. As to Chromotherapy, colored light has been used with success for various diseases, notably red light for the treatment of skin eruptions, as for example small-pox, measles and scarlet fever, while at present blue light is used a great deal for

its quieting effect as also for the alleviation of pains. Concentrated sunlight is also used by means of convex lenses, watercooled, and if possible made of quartz (to permit the passage of the ultra violet rays) for the treatment of lupus and other diseases.

We come now to the consideration of the electric incandescent light bath and the arclight bath. These baths are made in various forms; some, in which the patient sits in an upright position, with the head sticking out of the bath, others in which the patient lies in the bath, completely surrounded by the incandescent or arclights.

All different forms are of value, but it must be remembered that the incandescent lights are very poor in violet and blue rays, are therefore of use especially where heat rays or red rays are desired.

"The action of the incandescent bath is mainly that of radiating heat. We are able by these means to apply heat to the deeper tissues."

The conducted heat from water, vapor, Russian, Turkish and Irish baths confines its action to the surface of the body. The amount of sweat excreted in the incandescent electric bath is twice as much for the same time as in the Turkish bath, with the average temperature in the electric bath 81 degrees Fahrenheit against 140 to 148 degrees in the Turkish bath. It has also been found that in the perspiration of persons who years before had been treated with mercurial inunction traces of mercury were found. In the case of anaemic persons an increase of haemoglobin was found after each light bath. The incandescent electric light bath furthers the combustion of fat.

The body weight after each bath shows a marked decrease. The electric light cabinet which I employ, has been made after my own ideas and consists of a cabinet which contains a cot on which the

patient reclines. Two arc lights and thirty incandescent lights are arranged in such a way that they can be turned on or off independently of each other. My electric light cabinet also contains an arrangement by means of which a high power arc light can be concentrated on any part of the body.

Other arrangements with which this cabinet is fitted, as for example connections with nebulizers and oxygen have nothing to do with the scope of this paper. As to the loss of body weight after an incandescent light bath in my cabinet for the treatment of obesity I generally record a loss of from three-quarters of a pound to one pound and a quarter for one hour's treatment, although I have recorded as much as two pounds and a quarter for a two hours' bath. Ordinary incandescent light baths are suitable in cases of faulty assimilation, as for example obesity, diabetes, gout, rheumatism, affections of joints and muscles, nerve complaints, sciatica, neuralgia, neurasthenia, hysteria, anaemia, chlorosis, chronic poisoning, also in cases of metallic poisoning, syphilis, chronic exudation and effusions, bronchial asthma and bronchitis, dropsy, ascites and oedema after nephritis, hypertrophic and fatty heart, keratitis parenchymatosa, iritis, irido-cyclitis, choroiditis, and as a tonic and prophylactic against disease.

Local incandescent baths can be used with advantage in affections of the joints and other affections in which only a local action is desired. These baths are troughs or boxes which are placed over the part to be treated and which boxes are fitted inside with incandescent electric lights. While in the incandescent light baths the long waved rays (heat rays, reddish yellow), come chiefly into play, in the arclight baths the whole body is exposed mainly to the chemical light rays. Thus it acts similar to a sunbath.

New York City.

Radio-Therapy and Radiography.

BY W. L. HEEVE, M. D.

It was with pleasure that I received the invitation from our worthy President to take part in this valuable symposium before my fellow graduates of our beloved college at this, our annual alumni meeting.

The subject allotted to me is extensive and to do it justice would entail much time, but as the time is limited, it behooves me to be brief and merely touch the practical points and disregard the theoretical and historical points.

The medical profession is prone to herald with joy new inventions and newly advanced theories and experiments with same in our effort to combat our two most dreaded diseases mankind is heir to: tuberculosis and cancer. But the early investigators with the x-ray were not very far from the truth when they claimed that the power of this newly discovered energy was capable of curing the above mentioned diseases. To-day we are better acquainted with the power and the field of usefulness of this form of energy and are assured that in the future, the x-rays will hold its place in our armamentarium in combating malignant growths.

It is still a disputed question whether the x-ray has any curative action upon pulmonary tuberculosis. The authorities seem to differ in their assertions. Personally, I have seen marked improvement in many of my cases following exposures by a low tube backing up a spark gap of one inch between the prime conductors of a static machine and allowing twenty minutes for each exposure twice weekly. But never have I witnessed a positive cure from the x-ray exclusively.

Reports on the bactericidal action of the x-ray are confusing and conflicting, and whereas many deny the rays any bactericidal action, others have found them to possess bactericidal action. From the many reports published I believe that we

may positively state that the x-rays have no positive bactericidal power upon the tubercle bacilli and the benefit derived from the x-rays, in this disease, must be due to its effect upon tissue metamorphosis.

In internal primary carcinoma I believe that the x-ray has no sphere for action and the few cures and many failures which have been reported, with my personal observations, have forced me to take this position, in which I share with the majority of x-ray workers.

In external malignant growths involving the breast, rectum, bones of the extremities, etc., the x-rays have given positive results in a few cases.

There is no doubt but that the form of malignant disease which responds to x-ray therapy best, is "rodent ulcer."

In inoperable and post-operative recurrent cancers the x-rays always ought to be applied, as it may relieve the pain, retard the process, prolong life and perhaps cure.

As to the curability of sarcoma, authorities seem to differ as to results obtained.

In the Eclectic Medical Journal of October, 1902, I reported an apparent cure of an osteo-sarcoma of the lower jaw, by the x-rays, but the patient returned last January and the growth had returned. After three months' further trial with the x-rays no results were obtained and death is expected daily.

A case of carcinoma of the breast referred to me by Dr. Sutton, of Brooklyn, was rayed during November and December, of 1902, and part of January, 1903, with much improvement, the growth was reduced in size and the neighboring enlarged glands disappeared, but suddenly the growth rapidly became larger, the glands became larger than previously and as a last resort the patient finally submitted to the knife and was operated upon and died the second week after the operation.

A case of carcinoma of the penis, referred to me by Dr. Krausi, received treatment from September, 1902, to February, 1903. Marked improvement occurred during November and December. On December 6 a severe hemorrhage occurred, and the growth rapidly ulcerated, and further treatment by the X-ray proved negative—the patient died October 18, 1903.

A case of inoperable cancer of the rectum, referred to me by Dr. Clark, of Brooklyn, received great benefit from X-ray exposures during the first three months' treatment, but suddenly began to ulcerate, and died from hemorrhage during the fourth month.

A case of cancer of the stomach, two of the breast, one of the tongue and one of the larynx received absolutely no benefit from X-rays.

In superficial carcinoma, or the so-called epithelioma, the X-rays have proven a worthy factor. The many cases which have received permanent benefit, as reported from reliable sources, seem to prove that in this form of malignant growth, the X-rays are of material value. I have treated seventeen cases of epithelioma with apparent cures in six cases, using the X-ray therapy exclusively, four cases were cured by the combined method of X-ray and mercuric cataphoresis, five cases were absolutely failures and two discontinued treatment.

In lupus the X-ray has been very successful and the reports of cures are many, but the ultra-violet light of Finsen seems superior. My personal experience with lupus is limited to three cases of lupus vulgaris, and all were cured.

In leukemia and pseudo-leukemia cures have been reported both here and abroad.

I have treated one case of acute leukemia with no improvement whatever and two of pseudo-leukemia with marked improvement, but no cure resulted.

In the "Therapeutic Gazette," October, 1902, I reported a case of scrofuloderma with marked ulceration, which was cured by X-ray therapy and case remains cured to date.

Two cases of tubercular arthritis I have succeeded in curing after many months of active and prolonged exposures.

Although we have much to learn and a vast field to explore, but there can be no doubt that X-ray therapy is of considerable value in the treatment of malignant growths.

My method of treatment in malignant growths is to give prolonged exposures with a low tube until reaction occurs, then continue carefully with short exposures and **repeat the reaction** several times if necessary.

In diseases of the skin the X-rays have become a most valuable factor in curing obstinate cases. The stimulating effect of the X-ray upon the metabolism of the skin, especially in the indurated forms of disease where the absorption of inflammatory products becomes a necessity, offers a wide field of application for this new form of energy.

In the "Journal of Advanced Therapeutics, August, 1903, I published an article reporting cures in the following diseases of the skin: Acne vulgaris, hypertrophic scar tissue, lichen planus, ring worm, two cases of eczema, rosacea erythematous et pustular and psoriasis.

X-ray therapy has proven itself worthy of our careful consideration and its place in the treatment of disease is an established factor. We understand its action upon pathological tissue and its application in disease is just as rational as mercury or arsenic. We know no more how the X-ray accomplishes its results than we do of mercury or arsenic.

Radiography and fluoroscopy have given us a most valuable means in diagnosis, especially in fractures, dislocations,

locating foreign bodies and diseases of the chest. In medico-legal practice it has proven most valuable, by showing to the jury the exact injury and permanent disability. It is my custom to carefully radiograph the abnormal and normal on each plate, so the jury may see the exact comparisons.

In medico-legal cases it is always necessary for the radiographer to do his own developing, using plates not prints for evidence, and allow no second party to aid in their complete make up. Also always use a stencil or other means of identification. It is my custom to use a stencil bearing my name and the number of the case, as in two cases argued before Judge Gaynor, in which I gave testimony, the attorney for the defense argued the point of identification of the plates, but the learned judge accepted the plates as they gave the imprint of the stencil and the number of the case proving the point of identification.

The question of apparatus to excite our tubes is still a disputed one.

My experience has been that a static machine is preferable for x-ray therapy, as it does not break down our tubes as quickly as a coil will, but for radiography of the deeper structures a coil is best.

All my work in this branch of medicine has been performed with a ten-plate Waite & Bartlett static machine. I believe that for general practice the static machine is the most profitable to physicians.

Borough of Brooklyn,
302 Sumner Ave.

Waukegan, Ill., May 23, 1904.

EDITOR ECLECTIC REVIEW:

Dr. Augsburger in this issue of REVIEW gives an excellent way for preparing the iron *antidote* for arsenical poison, much better than attempting to wash the

precipitate. It is quick and safe. But sometimes, as happened with me the other day; the drug store, a prominent one, too, did not have the Monsell's solution. In such a case the tincture of iron (Dr. Ferni *Rerchloridi*) always at hand, can be used 3oz. to 1oz. carbonate soda (washing soda) or 1½oz. bicarb soda, or ¼oz. calcined magnesia, which ever is at hand, can be drunk during effervescence. There is no delay and the resulting product either the sulphate sodium, (glaubers salts) or the sulp. mag. is a purgative and an advantage. An emetic and stomach pump or tube used also. These quantities will render at least 10grs. of arsenic insoluble. — Attfield's Chemistry.

R. H. T. NESBITT.

Society Meetings

Society Calendar.

National Eclectic Medical Association. Meets at St. Louis, in June 1904. R. L. Thomas, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at New York city, January 11th and 12th, 1905. E. H. King, M. D., president; S. A. Hardy, M. D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. Wm. H. Russell, M. D., president; Pitts Edwin Howes, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th street. A. W. Herzog, M. D., president; W. L. Heeve, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; March meeting at the office of Dr. J. A. Nordbrock, Brooklyn. H. Stoesser, M. D., president; J. A. Nordbrock, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. V. Sillo, M. D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thordike," Boylston street. A. W. Forbush, M. D., president; Pitts Edwin Howes, M. D., secretary.

Massachusetts Eclectic Medical Society.

The forty-fourth annual meeting of the Massachusetts Eclectic Medical Society, was held at The Thorndike, Boylston Street, Boston, Mass., Thursday and Friday, June 2 and 3, 1904.

The following was the order of exercises:

First session, Thursday, June 2, 1904 at 6 P. M. Dinner served a la carte in meeting room.

1. Reading records.
2. Reports of committees.
3. Treasurer's report.
4. Unfinished business.
5. New business.

Second session, Friday, June 3, 1904, at 11 A. M. 1. Essay—Subject selected, Edward H. Chamberlain, M. D.; 2. Essay—"The Puerperium," Charles E. Keck, M. D.; 3. Essay—"Dyspepsia," Darius L. Powe, M. D. Lunch. 4. Essay—"Lignol," Pitts Edwin Howes, M. D.; 5. Essay—subject selected.—Augustus L. Chase M. D.; 6. Essay—"Epilepsy," Granville R. Johnson, M. D.; 7. Essay—"Old Eclectic Combinations," Nathan L. Allen, M. D.; 8. Symposium, "Intestinal Diseases," Introduced by C. Edwin Miles, M. D.; 9. Election of officers; 10. Annual oration, "Prenatal Influence," at 5 P. M., Lillian G. Bullock, M. D.; 11. Annual dinner.

William H. Russell, M. D., president;
Pitts Edwin Howes, M. D., recording secretary.

Boston District Eclectic Medical Society.

Boston, May 23, 1904.

The regular meeting of the Boston District Eclectic Medical Society was held this evening at "The Thorndike," dinner being served in a private dining room.

The usual routine business having been transacted, Dr. A. Waldo Forbush spoke as follows:

Aletris Farinosa.

Common name Unicorn Root.

This plant is indigenous to North America. It has a perennial root, grows in low land—the edge of woods, etc.—and flowers from May to August. Its blossoms are white and delicate. The root—which is the part used—has a faint odor, a pe-

culiar, somewhat nauseous, quite bitter taste. Age and drying determine or destroy its medicinal properties. The root contains two constituent parts; aletrin the resinous extract, and aletridin the alcoholic extract. The former is seldom used in medical practice at the present time, while the latter is made use of occasionally.

Aletris and helonias frequently cause confusion as to their identity. This results—unless great care is taken—in a loss of drug indications and therapeutic quality.

There has not been made, as far as is known, a satisfactory proving of this drug.

The physiological effect of large doses of aletris—in the recent state—are decidedly narcotic with emetic and cathartic properties. The gastric secretions are largely increased in quantity and if the drug is continued in large doses the stomachic glands become greatly distended and the mucous membrane is left in a somewhat dry and harsh condition. The action on the nerves is not unlike that of hyoscyamus in the main.

The clinical observation of the more careful observers has been verified by many practitioners as to the value of aletris for debility, chlorosis, anaemia, uterine atony, and gastric atony, with direct influence upon the female reproductive organs.

This drug acts through the ganglionic nervous system, on the mucous membrane, blood, glandular system, slightly on the muscular, and apparently not slightly the sympathetic tissues. In all aletris is distinctly a female remedy for the functional wrongs of women.

Aletris farinosa has fallen more or less into disrepute for the same reason that other good remedies have suffered, viz: that so many unreliable preparations are upon the market. Its worth depends on the right plant, gathered at the right sea-

son, and manipulated in the right manner. When this has all been done we will have a reliable therapeutic agent and results will be obtained.

Medicines are threatening to the interest and business of the physician unless he knows exactly by what freedom from responsibility the pharmacist is swayed for commercial gain, against the physician's interest and that of his patients. The doctor who does not investigate drug quality, with a somewhat correct knowledge of drug action or influence in pathological conditions, cannot practise medicine in a true sense, for the reason that he is paralyzed by a pessimistic belief. He is not a success because he is familiar with only the negative side of life, and has nothing of positive value to offer mankind.

Pathological conditions, to my mind, are not absolute abstractions, but simply wrong life, influenced by traits of character, circumstances, and modified by individual constitution, temperament and manner of living. The practitioner who is handicapped by mistaken drug ideas, to make a success of his profession, should turn his attention to demonstrated, indicated therapeutics before he idly prescribes drugs of positive value which possess direct drug indications.

No doubt for every ill there is a remedy and it is our duty to mankind to produce the same.

"God gives every bird its food, but does not throw it into the nest."

The extensive and important additions to our *Materia Medica*, necessarily implies corresponding change in our therapeutic ideas, with a more correct treatment for pathological conditions, in place of the many unsatisfactory past and present methods of treating impaired health. In *aletris farinosa* we have an agent which can be used with advantage in amenorrhoea, dysmenorrhoea, menor-

rhagia, irregular menstruation—usually complicated with chronic constipation, gastric disorders—with nerve and mental discord, prolapsus uteri, endometritis, sterility and habitual miscarriage; also a gastric stimulant to improve digestion and the quality of the blood, and exerts a general influence in acute and chronic wrongs of the female generative organs.

Aletris is equally beneficial in many conditions of the nervous system, dependent upon reproductive discord. It is not only an alterative tonic, but has a special power to increase blood quality.

Aletris has a special influence upon the female breast, for the painful glands so often experienced at or near the menstrual period, or the menopause. The mammary is tender to the touch, with sharp, disagreeable pain. The menses are disturbed and there are forebodings of mammary mischief. This condition is an indication for *aletris* alone, or in combination *conium mac*, or *phytolacca*. It is also useful for the pain resultant from exhausted lactation in the worn out anemic women. In the use of *conium mac*., do not give it beyond relief. This relief will be quick and satisfactory.

I would suggest that the *aletris* be given for a considerable length of time so that the general debility may be corrected and an increase of blood making power be substituted. For this condition it will prove a positive remedy. Its exact position in regard to other blood making remedies cannot yet be stated, but that it is a valuable addition is evident to all who have observed results.

When the menses are suppressed from exposure—as from colds, wet feet, night air—the result of emotional excitement, or febrile conditions, if not complicated with organic change, but by a more passive congestion, the *aletris* is a very reliable remedy. It will act deeper than upon the superficial symptoms. It will restore

uterine and ovarian energy, also remove gastric atony, and relieve nerve tension. It will do all this even when the mischief is considerable.

A good treatment will be found in equal parts of a reliable tincture or fluid extract of the aletris, cimicifuga and gelsemium or helonias, given in one to five drop doses every hour or two, preferably with hot water. This will restore the menstrual flow when delayed from the causes above named. This combination acts in a similar manner on the lochial discharge after parturition.

Good companions to cover allied symptoms will be found in helonias caulophyllum, senecio, pulsatilla cimicifuga, gelsemium, strychnia and the chalybeates. When we desire a more direct influence we think of Leontine—the emmenagogue principle of the blue cohosh, or polygomun, gossypium, etc.

In all the more chronic pathological conditions without distinct structural change, aletris comes as a trusty friend.

Aletris pulsatilla, cyclamen are all similar in their action; and are useful in treating chlorotic anemic women. Helonias is not unlike aletris for benefitting feeble, ill-nourished females where the nervous system is at fault. It is a true companion for aletris in sympathetic gastric disturbances where painful menstruation is the rule rather than the exception and the function is anticipated with dread and fear; one period is scarcely over before another is due.

Aletris, helonias, tiger lily and caulophyllum go hand in hand in their influence upon weak, wornout, flabby muscles. As a tonic in that relaxed state of muscles from which results prolapsus, anteversion, retroversion, etc., I would suggest in alternation with them the pyrophosphate of iron, ignatia or strychnine.

In aletris, perhaps more than many drugs of its class, we find that it is best to

add other remedies for subjective symptoms, as its field of usefulness is not broad enough to reach all conditions that come with or follow the usual aletris work. In the use of drugs of its class, if the moderate dosage fails to produce the desired result, it is better to add some other of the group rather than to increase the dose of any one remedy.

In sterility due to functional discord, mental disturbance, uterine neurosis, where there is such paucity of the essential elements of the blood as to give rise to scanty, pale menses, with general debility, more or less emaciation or chlorosis, aletris will prove exceedingly beneficial. Aletris will improve every function of the generative organs, improve the appetite, stimulate assimilation and lead up to successful chalybeate treatment, especially if the faulty habits of life are corrected.

A small dose of strychnine is often advantageous with aletris, when the cause of sterility is due to uterine displacement, hyper-acid vaginal or cervical discharge, endometritis, passive inflammation, or perhaps organic change.

Sterility in one sex and impotence in the other is often permanently removed by the use of aletris and helonias in combination. Five to ten aletris, ten to twenty drops helonias, three to five times a day.

In those delicate subjects, where there is a habitual tendency to abort, aletris is one of our best remedies acting quite specifically. It gives tone to the nerves, and strength and vitality to the uterine muscular system. I would suggest three to eight drops of specific medicine, or a reliable fluid extract, three or four times a day for two or three weeks before the time of suspected aborting and continue until that time has well passed. When there is real uterine contraction with a tendency to miscarriage, I would give

viburnum prunifolium ten drops, aletris five drops every hour, with perhaps one or two doses of morphine at the commencement of uterine contraction, and continue until all danger has passed. It would be wise to continue the aletris alone for a time afterward.

Those atonic individuals who are constantly catching cold from slight exposures can have that danger prevented by small doses of aletris, gelsemium and eupatorium.

In the distressing dry night cough, in delicate anemic women, with uterine and gastric disturbances, with pain in sides from cough, aletris will prove at least palliative in combination with Jamaica dogwood, codeine, hyoscyamus or gelsemium. It will quiet the nervous strain and cough, and relieve the dread of the approaching night.

Aletris is of utility in all atonic conditions of the digestive tract. It is a true gastric stimulant when these conditions are associated with hysteria. A trial will convince the skeptical. A favorite prescription is: Aletris \mathfrak{z} ij, xanthox. frax.—Merrill's— \mathfrak{z} ij, avena sativa \mathfrak{z} v, tinct capsicum gtt. xv, glycerine or simple syrup \mathfrak{z} j, agua q.s. a.d. \mathfrak{z} iv. S. teaspoonful twenty minutes before meals and at bed time.

Aletris is of special value where there is an absence of urinary phosphates.

In flatulent dyspepsia where food of whatever kind creates flatulent disturbance aletris with dioscoria, xanthox, or soda sulphite will prove a positive remedy. Aletris has proved so positive in flatulent colic that it has been named "colic root" in domestic practice.

In pretubercular dyspepsia—a pathological condition due to alteration in the gastric secretion, a septic condition of the mucous membrane produced by fermentation, primarily due to chemical changes in the blood, which must be corrected in order to maintain the necessary digestion

and assimilation to succeed in the fight for life—aletris, veratrum and echinacea form an exceedingly strong combination for successful treatment. These remedies may be given alternately or in combination and should be pushed to the limit of toleration.

As a preparatory treatment for "easy confinement" aletris is a great favorite with the older midwives, from the idea that it is a regulator; corrects abnormal positions, and prevents many of the accidents which are liable to occur during the period of childbirth. Here I would suggest caulophyllum, or cimicifuga, or both in combination. A favorite prescription is aletris \mathfrak{z} iv, caulophyllum \mathfrak{z} iv, cimicifuga \mathfrak{z} ij, glycerine q.s a.d. \mathfrak{z} ij. M. S. 10 to 20 gtt. in water two or three times a day for two months previous to expected confinement.

In obstinate cases of vomiting during pregnancy aletris has proven of much value.

When using aletris I would advise you to be sure of your article. Usual prescription, specific medicine, normal tinct, a reliable fluid extract, one to thirty drops alone or in combination.

The paper was discussed as follows:

Dr. Brown.—With regard to the dose at night, where you take four doses a day, the last being at bedtime; is not that last dose lost?

Dr. Forbush.—My only answer is that it has been my habit to give it that way.

Dr. Brown.—I do not like the dose at bedtime.

Dr. Allen.—What is your theory; that it does not work during sleep when everything is dormant?

Dr. Brown.—I don't know where you get the idea that a dose of medicine at night is beneficial.

Dr. Forbush.—For three out of five of my patients I almost invariably suggest a light lunch before retiring and sleeping

on the right side. I contend that there is too great a length of time between the last meal at night and the first in the morning. If any of us have a little one, the last thing which the nurse or mother does for it at night is to fill its little stomach.

Dr. Ross.—Almost everybody eats too much and persons suffering from that very thing, put too much food into their stomachs.

Dr. Howes.—A great many cases of insomnia have been benefitted by a little piece of cracker before going to sleep. Often a good night's rest will follow.

Dr. Ross.—In reference to Dr. Brown's view of the night dose; these cases of flatulent dyspepsia are from functional incompetence. The stomach's not equal to its task taking care of the food, and not infrequently I think we get a failure in the nervous innervation. In a remedy like aletris, which acts through the nervous system, the dose at night is beneficial, and you are better prepared for your breakfast in the morning.

Dr. Brown.—You may take a lunch at night but in the morning you want a good breakfast.

Dr. Ross.—Where the patient is satisfied with three meals, there is no special indication for the extra lunch. Taken on general principles, the fourth dose is far from being lost, as we are helping our patient gently but continuously toward health.

Dr. Howes.—If I were to cut out either of the doses, it would be the one in the morning.

Dr. Forbush.—Cut out the dose in the morning. At this time you have a relaxed condition of the system and in giving the morning dose, you call upon the heart to do more work than it is ready to do, and unless you have a good, stout heart, you are giving it too much to do. It is impossible for the heart to rest; all the other organs of the body rest during the night, but the poor heart has to keep right on. Lie on the right side.

Dr. Allen.—With regard to aletris, the paper has been so comprehensive that there is very little more to be said upon the subject.

Dr. Howes.—Aletris is one of the remedies that I have not used very much, and know comparatively little about. I have gotten some ideas here tonight, however, that I think will lead me to use it more in the future.

Dr. Allen.—I have used aletris cordial compound and it is a very good thing, and I have given a little specific medicine aletris.

Dr. Howes.—I have used most of the other remedies mentioned, quite extensively but I can see, from hearing that paper, that there are a great many conditions where aletris is going to work in, that I had not before considered.

Dr. Ross.—Is not aletris the pelvic remedy that you think of particularly with gastric wrongs?

Dr. Forbush.—Every time.

Dr. Pattee.—My experience has been about that of Dr. Howes. I have used most of the other remedies that Dr. Forbush has spoken of, quite extensively, but really have never had much faith in aletris, for the simple reason that I have never seen it used, or been taught to use it, very much. I think, after hearing this paper, that probably I never gave it the attention it ought to receive. I might have been better satisfied if I had used it. I have used most of the different preparations on the market by different drug firms of so-called "aletris" compounds but never had very much benefit from them, that I remember.

Dr. Howes.—I wonder whether in these aletris compounds you get the the genuine aletris root. Do you think the active principle will give you the drug action of the plant?

Dr. Forbush.—In correspondence with Schlotterbeck & Foss, they claim they get better results.

Dr. Howes.—Take for instance, nux vomica, of which strychnine is the active principle; do you get the same results as from nux vomica?

Dr. Pattee.—Now you are getting into rather deep water. Certainly you would get a quicker action on the heart from strychnine.

Dr. Howes.—I contend that a small dose of nux vomica, repeated for a considerable length of time, will give better results than strychnine. Nux vomica is a slow heart stimulant. Your strychnine will act quicker than the nux, but the nux will produce a more lasting effect.

Dr. Ross.—I think strychnine is a thing you do not want to give if there is any depression or any nervous condition. If there is a pure lack of tone, you can crowd strychnine but not in cases of nervous exhaustion. I have taken gr. 1-30, strychnine, and repeated the dose in two hours, myself, and not been at all conscious of a stimulant. It depends largely upon the condition of the nervous system. We give nux vomica in small doses for its local effect on the stomach as well as its action.

Dr. Howes.—What does nux vomica act on?

Dr. Ross.—The muscular tissues. Produces risus sardonius.

Dr. Howes.—Yes, in the physiological dose, but not the medicinal dose. I use nux vomica generally where there is an atonic condition. Should not think of giving it if there was a good deal of irritation. It would be simply pouring oil on the fire.

Dr. Ross.—I question whether nux vomica does not act more directly through the solar plexus; whether strychnine does not act in a more all round way.

Dr. Howes.—I claim that you cannot give part of a plant and get the same result that you would get from the whole plant. Take away one part and you get a different product.

PITTS E. HOWES, M. D.,
Secretary.

Eclectic Medical Society of the City and County of New York.

New York, May 19, 1904.

Our regular monthly meeting was held at the "College Parlors" on the above date. Thirty-four members responded to the roll-call.

Dr. G. W. Boskowitz, acting as chairman *pro tem*, with Dr. W. L. Heeve recording.

Dr. Kirally exhibited, as a clinic, a case of obstinate disease of the skin, dating from 1878, the patient, male, about 45 years of age, stated that the eruption would disappear for months and then return. In 1878 the patient received benefit from treatment while in the Hungarian army and was free from any signs of the disease for several years. Since then treatment has been palliative only. The patient has an idiosyncrasy towards arsenic. The eruption appears in large scaly patches, surrounded by a ring of indurated slightly inflamed base, occurring on legs, abdomen and arms.

Drs. Lloyd and Krausi, acting as a committee appointed by the chair, diagnosed the case as one of chronic psoriasis and recommended a carefully regulated diet, internally, arsenic bromide, iris and poke, externally the compound sulphur ointment (eclectic formulae).

Dr. Kirally exhibited another case of traumatic urethritis.

A most interesting essay was read by Dr. Harris, entitled, "Lavage of the Stomach."

Dr. Boskowitz in discussing the paper stated that as a routine practice he thought it was very much abused, but in well indicated cases of gastric disturbances in infants due to improper diet and where immediate evacuation of the gastric contents are demanded it proved of great benefit.

In true cholera infantum he thought it of absolutely no benefit as in this condi-

tion little was to be gained, as the system in general was in a state of complete toxaemia and a careful application of the properly indicated drug with the spice poultice applied to the abdomen was his routine of practice.

The Dean also referred to the treatment for gastric dilation, that is in using Faradic electricity, inserting the indifferent electrode upon the abdomen and the gastric electrode passed into the stomach, as recommended by Dr. Einhorn.

The paper was further discussed by Drs. Krausi, Birkenhauer and Heeve.

The society then adjourned to meet again in September.

W. L. HEEVE, Sec'y.

Selections

Aneurism, as a Cause of Death.

This is a rare disease. One that is difficult to diagnose with surety before death, and a consequence of distention of the arteries. As a predisposing cause, plethora and inflammation figure largely. As to the treatment, surgery may do much and dieting more. Excessively mental and muscular exercise are contributory factors worthy of mention. Overwork any organ and you will promote disease of all kinds. Be moderate in your methods and living, and you may escape disease. Reason in all things, moderation in many.

This disease, being due to a degenerate weakening of the coats of the vessel, causes such expansion of the affected area that the vessel finally bursts from internal pressure.

While these changes are progressing, the patient suffers from the effects of crowding of the adjacent organs in the chest, and when the windpipe and larger bronchial tubes are implicated, there is often much paroxysmal difficulty of breathing.

Added to this condition, there is often paralysis of the vocal cords, due also to pressure and stretching of the nerve of phonation. Thus early in the case, there is marked huskiness of the voice, which is a very characteristic symptom.

When the disease is situated in the smallere arteries and in accessible regions, where a ligature can be applied to shut off the direct blood current and divert it into collateral channels, a cure is sometimes affected. Within the chest cavity, however, the ailment is obviously beyond the reach of surgical skill and is difantly progressive.

When rupture occurs, the blood may escape either into the heart sac, a bronchial tube, into the chest, or externally as the result of the gradual erosion of the bony wall by expanding tumor. The suffering is often extreme, especially during the paroxysms of pain and difficult breathing, but death is usually sudden and painless, as in other cases of severe and overwhelming hemorrhage. To the victim sudden collapse is the only hope and sure relief.—*Summary.*

Portion of Needle in Her Body for Sixteen Years.

According to reports 16 years ago a woman of Camden, N. J., stepped on a needle that penetrated one of her heels. In removing the needle it broke in half, and efforts of physicians to locate the other half were of no avail. To her surprise recently, she found the long-lost portion of the needle had protruded from the skin above the knee. It was removed with difficulty.

It is stated that 2 to 4 drops of the aromatic spirits of ammonia, given in milk, gives almost instant relief in the colic of babies.—*Summary.*

Items

Anna E. Park, M. D., died Monday, May 30th.

Dr. Anna E. Park, whose charitable work of twenty-seven years caused the poor of the west side to know her as "The Good Doctor," died of pneumonia on Monday at her home, 367 West Twenty-third Street. Her illness was contracted five days previously while she was attending a poor patient. The doctor was born in Connecticut seventy-two years ago and was graduated as an eclectic in Philadelphia in 1860. During the war she served as a Red Cross nurse, and was a member of the National and New York State Eclectic Societies. Besides two sons, she leaves a daughter, who was notified as soon as her mother's condition was seen to be serious, and is due here from her home in Los Angeles, Cal., some time today.

Dr. Park's body is at the Stephen Merritt undertaking establishment, in Eighth Avenue, where scores of tenement folk, many bringing floral tributes, viewed it yesterday. Funeral services will be held at the Merritt chapel on Friday afternoon at 2 o'clock.—N. Y. Times.

THE NORWICH PHARMACAL CO.

On May 26th, four out of the nine buildings which constituted our manufacturing plant were destroyed by fire. Fortunately our new building containing 24,000 feet of floor space in which was stored the bulk of our manufactured products escaped unharmed. This will enable us to take care of our trade quite satisfactorily so far as our line of regular pharmaceutical and specialty preparations go, and we expect to be in a position to make up all special formulas that may come to us after ten days or two weeks. From the fact that we have been reported as having been completely burned out and in consequence

would not be able to fill any orders for two or three months, we would be pleased to have you make mention in your next issue, of the facts of the case.

Very Truly Yours, N. P. C.

Dr. Hollander has opened offices at 447 East 77th Street.

Dr. M. F. Linquist of New Haven, was with us for a short time on alumni day. Although the Doctor had not been present for some years, he met many friends who gave him a hearty welcome.

Dr. W. O. Bailey of Newark, N. J., gladdened our hearts by his presence. He looks very well and is doing a prosperous business.

The Secretary of the Mass. Society, Pitts Edwin Howes, M. D., was conspicuous by his absence this year. This is the first time Dr. Howes has missed in many years.

The New York delegation will leave for St. Louis on Saturday morning, July 11.

Dr. F. Dressel of Brooklyn, with her charming daughter were present and lent cheer to the alumni lunch.

Dr. T. D. Adlerman expressed great delight at meeting so many of his old friends.

Paterson was represented by the presence of Doctors Borden, Newman and George.

New Jersey promises us several students for the coming session.

All were pleased to see the stately figure of Dr. Boehm and hope was expressed that we may see him frequently at the College this winter.

Prof. Fitch has been obliged to resign the chair of Therapeutics on account of pressing personal business.

THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

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The National.

The National Association convened the week beginning June 14 at St. Louis, Mo., and had the best attended meeting for many years. The double attraction of the meeting and the World's Fair bringing out many doctors and their families who have not been seen before at these meetings.

It was a very profitable and enjoyable meeting from the president's address, so full of wisdom and good advice, to the excellent papers and interesting discussions, and disposition of all necessary business that came before the association.

The delegation from the East left New York Saturday, June 11, and rode out over the Baltimore and Ohio Railroad. We made short stops at Baltimore and Washington, and about five o'clock arrived at historic Harper's Ferry. Truly we were sorry when the darkness hid from our view the magnificent Cheat River country with its winding paths through the mountains—one picture following the other in rapid succession. We reached St. Louis Sunday night, feeling that the portion of the country covered by this road was one of the most beautiful it has been our good fortune to ride through.

The St. Louis people upheld their reputation for Southern hospitality, and gave a welcoming hand to everybody. That there was not the same sociability as in previous meetings is due to the fact that the Fair claimed the attention of the delegates as soon as the sessions were over; but we were delighted to see, if only for a few moments at a time, our charming friends from Texas and California, as well as our nearer neighbors from Ohio and vicinity.

The society voted in favor of Saratoga next year, and while the World's Fair, with all its elaborate and wonderful displays, will not be there, yet this famous

resort has so much of interest in it and all around it, that we feel sure that the time spent there outside of the meeting will be full to overflowing with interesting things. L. B.

The annual meeting of the National Association has come and gone and we are once more back at the "grindstone."

We naturally look back and consider what the meeting has done for our cause as well as for each of us individually.

Personally, this is the first meeting of this association that the writer has attended and, therefore, cannot compare it with those of previous years.

To me, however, this year's meeting, from the excellent papers and discussions all along down the line to the mysteries of the "Pike," was running over with good things.

The local committee was somewhat handicapped in caring for a convention when the city was filled with attendants upon the Exposition, but their efforts are to be commended. Everybody took things as they came and voted the St. Louis brothers a hearty and unanimous "thank you."

It was one of those gatherings where men are gathered who think, act and speak for themselves; men of unusual ability who stand for right principle whether it brings fame or not and who are promulgating and practicing these principles for the good of their fellow men.

It was a pleasure as well as a privilege to meet these active, energetic minds and mingle with these men; to be energized by their enthusiasm and be enlightened by the thoughts and ideas imparted through such associations.

Even though there were many attractions demanding attention and promising many pleasurable hours, yet the members almost unanimously felt that their duty

was with the association, and they were found in its meetings, each one doing his part to add to its success.

Everybody seemed to be everybody else's friend, and although the discussions and debates were many times spirited and sharp, they were well tempered and the kindest feeling prevailed.

Some of the boys did not behave just as the parent body thought they should when in good company and they were properly punished with a feeling that sparing the rod would spoil the child. May the children profit by the parents' and guardian's chastisement.

The literary side of the meeting was all that could be asked for. The many papers were scientific and abreast of the times as well as practical, and we believe when published in the transactions will do a great deal for the Eclectic school and the principles for which it stands.

The spirited and healthy rivalry between the supporters of the various candidates for office and the future meeting place was commendable, and we believe next year's meeting will bespeak praises for the wise selections that were made.

Those who were not present, yet might have been, not only missed a pleasant and profitable meeting, but failed to fulfill a duty they owe to the cause. To those who were unavoidably absent we can simply say we regret your misfortune.

E. H. K.

E. H. K. has given you a very good report of the meeting. It was his first and, as he says, he could not compare it. We have attended a great many meetings—never mind how many—and with pleasure report this as the best. In numbers, it about doubled any of its predecessors; it added an even hundred new members to the roll; it had three sections sitting at the same time—all well attended. Sev-

enty-four papers read and discussed and many more presented by title.

The president not only delivered an address full of thought and helpful suggestion, but as a presiding officer he was quick, tactful and just. The right man to preside at this great gathering.

Secretary Ellingwood showed by his report that he is not tired of the great work entailed upon him, but continues to keep up to his standard, and he is in a class all by himself as a National secretary.

His report contains many valuable points, and I hope it will be published in the bulletins, which, by vote of the society, are to be issued twice this year.

Mr. Treasurer said there was something doing, and when it was over he had counted \$1,213, taken in at this meeting, and *this* is a record breaker for the National. The amendment to change the College Committee was lost for the second time. It had very few friends this year. You may be surprised at the amount of business completed with so little confusion, and when you see the Transactions you will wonder how it was possible in five half days to do so much business and have time for section work.

THE SECRET.—The advisory council, which proved such a success last year, was continued, and it is a time and trouble saver for the society. The following officers were elected:

President, W. E. Kinnett, M. D., Yorkville, Ill.; first vice-president, L. E. Perce, M. D., Long Beach, Cal.; second vice-president, M. E. Daniels, M. D., Honey Grove, Tex.; third vice-president, J. R. Duvall, M. D., Atlanta, Ga.; treasurer, W. T. Gemmill, M. D., Forest, O.; recording secretary, Finley Ellingwood, M. D., Chicago, Ill.; corresponding secretary, H. H. Helbing, M. D., St. Louis, Mo.

Summer Complaints of Infancy.

There are at least four kinds of diarrhoea which are frequently seen throughout the summer and early fall months. They are usually known as simple diarrhoea, fermental diarrhoea, cholera infantum and dysentery. Simple diarrhoea may be caused by anything which has the power of increasing peristalsis, the most common causes being exposure to heat, sudden change of temperature and ingestion of improper food. The stools are much more fluid than normal, and largely increased in number. Even the mildest cases should receive prompt treatment in order to prevent an increased susceptibility to the more dangerous forms of summer complaint. In fermental diarrhoea the discharges do not usually exceed ten or fifteen in twenty-four hours. In color they may be yellow or they may be of the various shades of green. They often contain curds and mucus, but not blood, and they are frequently watery or frothy. They are usually large and offensive, and many times sour and very foul. Tenesmus and pain are not often prominent features. The disease occurs in all degrees of severity, from the comparatively mild of several days duration, to cases so severe that a fatal result terminates the sufferings of the victim within a few days, or even hours. As there is sometimes vomiting this form of diarrhoea is frequently mistaken for cholera infantum—a term which should be applied only to cases in which are manifested marked choleric symptoms. In cholera infantum the vomiting and diarrhoea are nearly constant, and they quickly become almost entirely serous. The tissues, through this means, are rapidly deprived of their fluids, and then thirst becomes a marked feature of the case. The surface temperature may be low, but the internal temperature is high, and the internal congestion is intense. The disease runs its course very

rapidly, and is usually so severe that but few children possess sufficient vitality to withstand its depressing influence. Treatment in order to be of saving value must be immediately begun and judiciously applied. In dysentery the discharges are small in quantity and very numerous. They contain very little fecal matter, much mucus, blood, and often pus and membrane. The odor of the discharge is usually putrid, but sometimes not intensely so. The abdomen is tender, and pain and tenesmus constitute prominent sources of distress, but vomiting is not a common symptom.

In the management of the different forms of summer complaints a thoughtful selection of food is of the utmost importance. The fact that less food is needed in warm weather than in cold should not be overlooked, and it should also be remembered that owing to the depression often caused by heat an infant's power of digestion is considerably lessened. As apparent hunger is often a manifestation of thirst, every patient should receive an abundance of water. Milk, well diluted with water which has been boiled, must constitute a large part of the food of the bottle fed infant. It should be fresh and carefully guarded against contaminating influences, as it is well known that sterilization does not destroy toxins which may be present in milk—it merely prevents the formation of more. Sometimes it is well to discontinue all food for one or two days, and depend solely upon water which has been boiled and carefully guarded. Barley water and rice water are sometimes useful. Arrowroot water and albumin water are also of value, and they may be of service. Some of the prepared foods may aid in a curative direction, but breast milk is the best of all foods. When necessary it may be diluted with sterilized water. Infants nursed at the breast are comparatively free from diarrhoea.

Every case should be treated in accordance with the specific indications for remedies. Possibly no two cases will present the same indications. On another page of the REVIEW will be found a list of such remedies as are likely to be required in the treatment of the several forms of diarrhoea.

J. W. F.

Original Articles

Aspidium Filix-Mas.

Read at the meeting of the Specific Medication Club.

BY H. J. BIRKENHAUER, M. D.

Male fern has a large perennial rhizoma from which spring several leaves 3 or 4 feet high, arranged in a circle. They are of a bright green color. The part used is the rhizoma.

The preparations used in medicine are: Fluid extract, dose $\mathfrak{z}\text{i}$ to $\mathfrak{z}\text{iv}$; oleoresin, dose gr. vi to gr. viii.

This drug is the drug for the removal of tapeworm. Various physicians have various modes of administering the drug in this condition—some starve the patient for days before administering, causing the patient much discomfort thereby.

In a case of tapeworm, I proceed as follows: I fill six capsules, No. 00, with oleoresin, male fern (Merck's), which I give to the patient with also a $\mathfrak{z}\text{ii}$ bottle oleo ricini, flavored with fluid extract lemon or fluid extract lavender comp., and give instructions as follows:

If the bowels are not active, see that a good evacuation is had about 24 hours before intended administration of drugs; this may be produced by means of some saline, as magnesii sulphate or magnesii citrate. The evening of the day before medicine is to be administered I have patient take only a very light meal, of, say, crackers and milk; the next morning at six o'clock give 2 of the capsules of male

fern, at 6.30 o'clock 2 more, and at seven o'clock the last 2. Four hours after the last 2 capsules give the patient of the oleo ricini $\mathfrak{z}\text{i}$. Tell the patient to hold back the stool as long as possible, and if 2 hours after the first dose of oil has been taken no evacuation has occurred, give the balance of the oil. This, however, will rarely, if ever, be found necessary.

Ellingwood says: "Don't give oils after the administration of male fern, as it facilitates the absorption of the toxic principles of the drug." He advises the administration of saline or vegetable laxatives.

I would state that I have used this treatment in quite a number of cases of tapeworm without a single failure of removing the worm with head complete, and have yet to see the first case of poisoning from male fern. I always use Merck's oleoresin male fern, and always shake the bottle well before filling capsules, as the active principle of the drug precipitates on standing.

216 East 17th Street, New York City.

The Etiology and Non-Surgical Treatment of Uterine Displacements.*

Read at the meeting of the Kings County Eclectic Medical Society.

BY M. B. PEARLSTIEN, M. D.

It is a well known fact that the uterus is a mobile organ, changing its position at each inspiration and expiration, during urination and defecation, also is pushed forward or backward, according to the fullness or emptiness of the bladder and rectum.

Under normal conditions the fundus reaches a little above the brim of the pelvis, and is usually a little nearer the right side than to the left. It is loosely held, or rather poised in this position, from below by the vagina, which forms its principal support; in front the vesico-uterine and behind the sacro-uterine ligaments,

both sets of which are attached to the uterus on a level with the internal os; the broad ligaments are on the sides and are attached the full length of the organ. The only support which the uterus has at its upper part are the round ligaments, which consist of two bands of muscular fibres, which spring from the anterior surface of the uterus immediately below and in front of the fallopian tubes. In addition the uterus is loosely attached to the rectum, bladder and pelvic walls by a surrounding layer of areolar tissue, and it is said a general sustaining influence is exerted by the abdominal cavity upon the organs in the abdomen and pelvis.

One would suppose that an organ having so many supports would not easily become displaced, but these supports mostly consist of loose, easily yielding tissues, which allow the uterus normally considerable freedom of motion; should for any reason its supports become weakened, or the weight of the organ increased, or if a nearby growth encroaches upon it, the uterus readily yields its position in the pelvis and a displacement is the result.

The uterus can be displaced in any direction in the pelvis, which may briefly be stated as anterior, posterior, lateral, ascent, descent and inversion. The anterior, posterior and lateral displacements may be either a flexion or version, or in rare instances a combination of the two.

The differences between versions and flexions consists in the maintaining of a normal canal in versions, the whole organ being tilted out of place. In flexions the upper part of the uterus only becomes displaced, so that the organ literally doubles upon itself; this causes a curve and in severe cases an angle in its cavity. This accounts for the great discomfort and importance of flexions, for menstrual blood cannot escape without causing great pain, neither can the woman become

pregnant when any great deviation in the direction of the uterine canal exists.

On the other hand versions rarely cause sterility or dysmenorrhoea, as the canal is usually left normal; only in exceptional cases, when the os rests upon surrounding tissues and is thereby closed, do we get results similar to that of flexions. Uterine flexions are mostly of a congenital or developmental type, occurring usually between the ages of twelve and twenty years, while the uterus is undergoing its greatest development. After that time flexions are of the acquired form and not of frequent occurrence. On the other hand, versions develop with greater frequency during the child-bearing period, on account of the enlargement of the uterus, and a weakening of its supports following pregnancy.

Ascent of the uterus needs but passing mention, as we are never called upon to treat it as a simple displacement. We, of course, meet with it during pregnancy; and any abnormal growth, either in the cavity or walls of the uterus or in the pelvis, may cause it to rise into the abdominal cavity.

Descent, or prolapse, of the uterus is a displacement which we are frequently called upon to treat. Unlike the other displacements, it is met with in various degrees from a slight descent to that of a "procedentia," in which the organ is more or less completely out of the body and hangs between the thighs.

When acute it is always due to muscular effort, such as carrying a heavy weight, but such cases are rare; it is usually slow and gradual in its development and most frequently the result of child bearing.

In the treatment of the various displacements of the uterus, too much attention is now given to the surgical treatment of such cases; while the non-surgical, which should have the preference, and

which gives better results, is usually entirely overlooked.

The use of pessaries should be limited as much as possible: The fitting of a pessary requires considerable skill; a poorly fitted pessary is either useless or dangerous. If too small it will not fulfill indications, and if too large it will ulcerate into the soft tissues and increase suffering of the patient.

In prolapsus uteri without marked lesion of the pelvic floor, I begin treatment with an antiseptic irrigation, following which I pack the vagina with plain sterilized gauze around and below the cervix, thereby replacing the uterus in its normal position. I instruct patient to remove packing in 24 hours and follow with a vaginal douche of normal saline or one per cent. lysol solution. This operation, in conjunction with vagino-abdominal faradization, I repeat two or three times a week for about a month or more. I then introduce a well-fitted, soft rubber ring pessary, with instructions to remove and replace every few days for cleansing purposes.

Anti-flexions and versions are best treated by packing the posterior cul de sac of vagina, the patient lying in the Trendelburg position, in addition to vagino rectal or sacral faradization. When adhesive bands have formed I reduce by means of massage, in conjunction with hot douches, used daily from 20 to 30 minutes at a sitting.

In ordinary cases of retroflexion and version I use vagino-abdominal faradization, or better still, the galvano-faradic current for about 20 minutes; followed by packing the anterior cul de sac of vagina (patient in knee and chest position), with the sterilized gauze already referred to. Same instructions should be given to patient as outlined in treatment of anterior displacements.

In obstinate cases of retro-deviated

uterus of long standing where adhesive bands have formed, I first replace organ by bimanual manipulation, and then keep it in position by the same method described in ordinary cases, using a well-fitted pessary if necessary.

In cases of parametritis accompanying displacements, I assist treatment by medicating gauze with a ten per cent. solution of ichthyol in glycerine. Erosions or lacerations of cervix should be treated with application of boro-glyceride and hydrostatis (colorless), equal parts, to each ounce of which I add 2 or 3 grains sulphate of zinc.

309 Hewes Street, Brooklyn, N. Y.

*Epilepsy.

BY GRANVILLE R. JOHNSON, M. D.

Mr. President, and Members of the Massachusetts Eclectic Medical Society:

In presenting this short paper on epilepsy I do not propose to give you the symptoms in detail, as they are familiar to you all. I will, however, speak of some of the causes, for on the right diagnosis of the cause mainly depends your success in treatment.

Secure the confidence of your patient and keep it if possible. Examine every part of the body until you find the cause. Then administer such medicine, or medicines as will remove this cause. Do not attempt to treat the symptoms.

If your epilepsy is caused by scrofula, phimosia, adherent prepuce, constipation, indigestion, eating large quantities of meat, onanism, or any other condition, the removal of them, whatever they may be, is the first step in a successful treatment by means of which you will cure your patient, who will not cease to bless you for the relief obtained.

* Read at the meeting of the Massachusetts Eclectic Medical Society, June 3, 1904.

I will report a few cases which I have treated.

CASE I. Miss A. S., aged 30 years, stoutly built, rather dark, black eyes and hair. She had been subject to epileptic convulsions from a small child. Would have as many as five or six in a day, then there would be an intermission of a few days, after which they would return again in all their severity. I am not able to give much of a history of the parents in this case, as the mother was dead and the father not over intelligent. He is of a nervous temperament and rather dark. Upon examination of the patient I found the cervical glands enlarged, but not tender or inflamed; face covered with acne. On inspection of throat I found numerous red spots rising above the surrounding tissues. Tonsils were somewhat enlarged. I did not find anything else wrong. The patient is irritable and easily provoked. She is losing her mind somewhat. Cannot remember as well as she could a few years ago. I decided that scrofula was at the bottom of the mischief. The old line of treatment, such as the bromides, etc., seemed to me to be useless to remove the cause and cure the patient. Reasoning upon my diagnosis of scrofula, I asked myself what I had better give? What I did give was "Lougal's solution," three drops well diluted three times a day.

From that day to this, some nine years ago, she has had no convulsions. She took the medicine regularly for about a year, then occasionally for a year or more longer. The enlargement of the cervical glands disappeared, or nearly so, the face is quite smooth, looks brighter and of a more intelligent aspect. The throat is well and free from the red inflamed condition which we first observed. Her mind has improved very much and she is not so irritable. Lougal's solution was the

only remedy used except an occasional laxative.

CASE II. Mr. R., a man about 40 years old, came to see me from a neighboring town, some three years ago, presenting the following symptoms: Pain occasionally in the left side, which was so severe at times as to require an opiate for its relief. Said he had spells of losing consciousness when he would fall down. These would occur every day for a week or more, after which they would cease for a month or more. He had had malaria when out West and the convulsions commenced some time after the attack of malaria. On examination I found an enlarged spleen, and liver somewhat swollen. Skin dark and of a slight yellowish tinge. Now, what was the cause of the convulsions in this man? I believed it was malarial poisoning, and in order to cure him we must give such medicines as will cure his malaria. I prescribed Warburg's tincture, a teaspoonful three times a day to be continued for two weeks or more. His bowels being somewhat sluggish, I gave him cascara sagrada. After he had taken Warburg's tincture for two weeks or more, I stopped that and gave him hydrocyanate of iron in one-grain tablets, one tablet to be taken after each meal. He has been free from convulsions for the past year. Time will determine whether this cure will be permanent.

I treated another case where the only medicine used was the hydrocyanate of iron. The results were good, for the convulsions were stopped for a year. She discontinued the medicine and they returned. Whatever treatment is used it should be continued for at least two years.

CASE III. I was consulted by a lady concerning her son, a lad some twelve years of age, with no hereditary tendency toward epilepsy. Some few years previous the mother noticed the muscles fixed and remaining so for some time. As the

boy became older his seizures were more violent and of an epileptic form. The patient gave no indication of any trouble with the thoracic or abdominal viscera; the bowels were not constipated. Upon examination of the genitals I found an adhesion of the prepuce to the glands in front. I broke up these adhesions and there have been no convulsions since.

DISCUSSIONS.

Dr. Bullock:

I am very much interested in this paper just at present because I have a case under my care. The case has been through the hands of a majority of the physicians in our city, and is an unusual one in the number of convulsions the child has. She is thirteen years of age and many times has had from twenty-five to thirty fits in twenty-four hours. Regulating the digestive system is having some relief at present. What it will do in the future remains to be seen.

Dr. Ross:

I would be glad to have someone say something on the abnormal appetite of cases of this kind. It is rather a striking symptom.

Dr. Powe:

I should like to answer that question to your satisfaction; I can answer it to my own very readily. I had a patient some few years ago who was troubled with epilepsy. I put him on a diet, gave him some medicine and he did not have a fit for a number of days longer than previous to that, then they came on again. I put him on a vegetable diet and the bromides and just so long as he kept on that diet he did not have any fits. To my mind it was the animal food. For some reason, the small blood vessels in the brain, so to speak, brought on attacks by pressure on the nerves. There is always a cause for epilepsy and the causes are numerous; may not be the same in two persons. If possible, control the ap-

petite of an epileptic. I have cured three or four which I have had for months, by putting them on a vegetable diet.

Dr. Perrins:

I think this question of epilepsy is one of very great importance, partly from my experience with one patient in particular, and partly because I recall very distinctly the teachings of Prof. J. M. Scudder, of Cincinnati, on the question of epilepsy. He drew a very decided distinguishing line between a true case of epilepsy and the present substitution of so-called epileptic fits. Epileptic fits brought on by causes which could be investigated, was one thing, but the case of true epilepsy where it is impossible to find out the cause, either during life or after death, was another. I remember very distinctly a case of epilepsy which came under my care. It was that of a very beautiful young lady whom I had known from her childhood, when not more than one and a half or two years old. Her history was this: When she was fourteen or fifteen years old, she would leave the house and occasionally would fall down in the street and would be picked up and carried home. No one seemed to know what the matter was; sometime she would be sick for a day or two after these attacks. I examined her very minutely, believing I had a case of true epilepsy, but failed utterly to find any cause whatever for the attacks. On one side of the back of the head there was a line about $\frac{1}{2}$ to 2 inches which was a little tender. She was under my care for about two years. Sometimes she would be a little better and then these seizures would come on and she would be in a terrible condition. After a while some friends of the family interested themselves and suggested that she be placed under the care of another physician. He went very carefully over the case and had her under his care all

the summer and he utterly failed. After a while the progress which Prof. Scudder had marked out began to develop. The brain began to give way and from being a bright, smart, intelligent girl, she began to go into that condition of idiocy which made it pitiable.

Since everything had been done that could be, it was deemed advisable to put her into an asylum. The history of the case was given to the doctors in town. They went very carefully over it and suggested some kind of an operation; obtained the consent of the parents and she was put entirely in their care, but the case has gone on year after year, and that girl is to-day a living idiot, confined in that asylum. None of us could find any cause for the condition and we all worked earnestly. This only goes to show that when we have a case that can be traced to a pathological condition, it is one thing, but when we cannot find that pathological condition, it is altogether another thing.

Dr. Allen:

I think I know the case that Dr. Perrins refers to. I knew her as the companion of my daughter; I knew her charming character. If I had a poor brute who lay by the wayside, there is a society with a long name who finds me out if I do not put him out of his existence. Would to Heaven we could do it in some of these pitiable cases!

Dr. Chase:

These things are very nice from a specific standpoint, but who will take the responsibility.

Dr. Johnson:

Without doubt, in these cases there is a cause, but we are not smart enough to find it out. Something is wrong somewhere and there may be a time when we shall be able to get at the cause. I believe that when we can find it, we can stop the epileptic seizures. Templeton, Mass.

*Pneumonia.

BY AUGUSTUS L. CHASE, M. D.

In looking over the various subjects which might be considered here today, I have made up my mind that a short paper upon the old, much discussed disease—Pneumonia—may be of as much practical interest and importance, as anything that could be presented.

I shall not attempt to discuss its causes and pathology, but to say a few words in reference to its diagnosis and treatment.

This disease is usually ushered in with a chill of more or less severity; a rise in temperature, followed by cough and, in due time, the pathognomonic expectoration. It is, according to the present accepted theory, a self limited disease. We must, therefore, leave out of our expectations the idea of curing it, and content ourselves with guiding the disease to a favorable termination.

We must remember that this disease attacks a most vital organ—the lungs—and that the impairment of their functions is of such a nature as to endanger the patient's life. We must not lose sight of the fact that through the respiratory function the blood takes up oxygen from the air, and throws off carbonic acid gas—a poison which must be eliminated, or our patient becomes slowly poisoned by its retention. We should not forget that this is the direct cause of the rapid pulse and respiration; also that this is nature's way to rid the system of this poison. It is imperative that we do not do any thing to prevent this being accomplished.

Now as to treatment, I think we should treat pneumonia on the same principle that we do all other diseases, taking into consideration the importance of the part involved. If we get the full bounding

* Read at the meeting of the Massachusetts Electric Medical Society. June 3, 1904.

pulse give *veratrum viride*. If the small thready pulse, I give *aconite*. Where there is the flushed face bright eyes and contracted pupils, *gelsemium* is the remedy. For the hard rasping cough I have yet to see any better expectorant than the tinct. of *lobelia seed*, while in the less severe coughs I give *bryonia* or sometimes *phosphorus* with, I believe, benefit to my patient. Where there is lowered vitality I prescribe *strychnine* 1-60gr. three or four times a day. I always feed my patient from the start. Give them plenty of drinks. If they need stimulating give whiskey, but milk and beef juice are the main foods upon which I depend. For external applications over the lungs I have yet to see anything better than a light flannel smeared with lard and sprinkled freely with powdered ginger, which should be changed night and morning. I believe the great advantage of this is two-fold. It is light and keeps the patient warm; it does not need constant care and not having to be frequently changed prevents our patient from the exposure of those external applications which require constant changing. Another benefit is their lightness and our patients do not experience the discomfort produced by the heavier applications. This to my mind is something which should not be overlooked. Suppose, for instance, our patient is breathing thirty times a minute and the poultice or ice pack—which by the way I have never had the courage to use in a case of pneumonia—should weigh even one pound more than the ginger and lard just think of the amount of weight which must be raised by the chest during one day's breathing. It would be 30 pounds each minute, 1,800 pounds each hour, and 43,200 pounds every day. An amount that of itself, I believe, would be enough to cause such a depressing effect as to be

a very great factor in determining whether our patient recovers, or succumbs to our treatment.

Some patients *will* die of this disease and the mortality is large. When the patient is gone and I look over the case I do not want to think I have been a contributing cause.

I don't expect that I have said anything especially new in this paper, but I wanted especially to call your attention to this part of the treatment—the external applications.

I know there are physicians in this Commonwealth who put their whole dependence upon the administration of *strychnine* internally when treating this disease. They couple this with ice packs externally, open windows and even go so far as to remove the patient's flannels the first thing in an attack of pneumonia.

I have followed the treatment of some of these cases, and have usually noticed that there was crape on the door before the end of the first week. Such treatment may be scientific, but I prefer not to be quite so scientific and give my patients a fighting chance for their lives.

One more thought I wish to impress is the growing tendency of our medical schools to teach the scientific side and neglect the practical. They teach how people die, but not enough how they can get well. They teach Histology, Bacteriology, Embryology and Pathology, also the use of the microscope—all useful things, and I commend them for such teaching. They do not teach enough about the use of remedies. It is quite as important for the young physician to know how to treat Mrs. Smith's baby during the second summer while teething, as to know how to perform a laparotomy. The chances are that he will see one hundred cases of the former where he is called upon once to perform the latter. Therapeutics, in my

opinion, is the one subject that should be more thoroughly taught than it is today in the majority of the medical schools.

DISCUSSION.

Dr. Pattee:

I was very much interested in Dr. Chase's paper, as pneumonia is one of my strongholds I think, if I have any. In fact, I have had as much experience in treating pneumonia as in any other disease, with a fair amount of success. One thing I notice he does not speak of and which I have a great deal of success in using, and that is the administration of oxygen. I have obtained very good results with it, although I have some professional friends who claim that there is very little to be gained by its use.

I had one patient in our town who would not have been there now if I had not used oxygen. I am always very careful about the use of stimulants but administered them in this case which carried him over for forty-eight hours. At the end of that time my patient was slowly sinking. I pushed the stimulant until I found I must stop and then commenced the use of oxygen. I noticed the difference in the heart's action in a very short time. Continued the oxygen for about ten days. The patient made a good recovery and I shall always believe the oxygen saved his life.

In regard to outward application, my experience has been that poultices are something that you can do more harm than good with. Antiphlogistine, I think, comes the nearest to being beneficial in the way of a poultice; have used it with very good success. In all weak patients and children I think oil will give good results. It can be left on without disturbing the patient and it seems to me it counterirritates as much as any stimulant that you could use. Have had very good success with it.

I am very much pleased that the doctor has brought up this subject because it is something that is very often overlooked in meetings of this kind.

Dr. Perrins:

I should like to add just a word or two with regard to what has been said in reference to pneumonia. I fully agree with practically all that has been said on the subject and especially do I agree with that part of it which looks to sustaining the strength of the patient. Strychnine, I believe, holds a very important part in that disease and in reference to poultices I want to say a word or two. I am fully satisfied of this fact, that unless poultices are properly applied and someone left in charge who is perfectly competent and trustworthy, they will do more harm than good. Nevertheless, according to my experience, in some of the most extreme cases, recovery has been due to the use of the onion poultice. I wish to emphasize this matter of the *onion poultice*, and if you will allow me to trespass on your time long enough, I would like to impress on your minds how this should be made and applied.

I will say previous to that, I remember very well indeed a lady a little past middle life who, it was reported to me, was very ill with pneumonia (she was not my patient, by the way). One of my nurses was taking care of the patient, who had learned from me how to make and apply onion poultices. On a certain day the attending physician said to the family, "There is nothing further to do; the woman will be dead before morning." The nurse then told the family that she had nursed in similar cases for Dr. Perrins who has showed her how to make and apply onion poultices, and as the doctor has given up the case, she would like to try this remedy. They were willing she should do what she

could and the result was that the woman did not die, much to the surprise of the physician.

Now for the poultice itself. I have half a dozen or more good sized onions cut up fine, skins and all, and have a bag made of a convenient size to put on the chest. One side of the bag I insist upon being made of flannel. Chop up the onions and put into the bag, then lay the bag, flannel side down, in the frying pan and put a cover over the top. Put this upon a slow fire, never hot enough to burn the flannel and by the time the onions are soft you will find they have saturated the flannel thoroughly. Then have it turned over and the pan removed. Let the poultice remain uncovered until the attendant can bear the back of the hand laid in and held on the flannel. As soon as this point is reached, put it over the patient's chest and keep it there, say from six to ten hours. I would not go beyond that, but six hours is the general rule. Keep it well covered over. Before anything is done with the first one, have a second one made in precisely the same way and brought to the same temperature. Have the second one ready and as the first is taken off, put on the new one *without exposing the chest for a single instant*. Keep on applying in that way until all danger is past.

Again and again I believe I have seen cases where that application has been the means of saving life and I would earnestly recommend its use to you in your severe cases of pneumonia but be sure you have someone do it who will follow directions and not allow the chest to be exposed one single second in changing the poultices.

Dr. Howes:

I have been very much interested in this paper. I think the first case of pneumonia I was called to, I lost. Since then

I do not remember a case that I have lost. My treatment has largely been that recommended by Dr. Chase, and I am also disposed to agree with what has been said of poultices by Dr. Perrins. I do believe that if the poultices are properly applied, and the patient well cared for, you will get wonderful results from the application, although on the other hand, if you allow your poultices to become cold you might just as well write your death certificate at once.

There is one other point in the paper that pleased me exceedingly and that was the reference to the teachings in our medical colleges regarding therapeutics. It is the one thing that the Eclectic school fits its students for, to go out into the world to cure disease. Our students are trained to use certain remedies that will relieve certain ills. Possibly we may not teach them as much of what is termed today "Scientific Medicine" as some of the older colleges, but a practical knowledge is obtained in the Eclectic colleges. The one reason we have for existing today as Eclectics is the knowledge that we are disseminating through the medical world along the line of therapeutics. We are getting more and more credit for the work we have been doing. They are commencing to realize that the Eclectics are not quacks. That we do have, and have had, knowledge which the other schools do not possess. We are beginning to be quoted as authorities along the line of therapeutics.

Dr. Powe:

We all suppose that we know how to treat pneumonia. I practised five years before I lost a case and when "la grippe" was introduced to this country, I lost three cases in succession. What to do was the question. From experience, as I said once before today, we learn a few things. Oxygen was not on the market

in those days as a therapeutic agent. We treated pneumonia on the lines of specific medicine. I looked around for some remedy or means to save the next case, and resolved to use the wet pack. I remember the first case I had; a young man about 17 years old. Everyone expected he was going to die; was in a semi-comatose condition for over 24 hours. The family agreed to let me try the wet pack. I wrung a sheet out of warm water; shook it in the air to reduce the temperature somewhat and laid the boy in it. He shivered at first but I put plenty of clothing on him and in about fifteen minutes the perspiration started up on his face. I repeated that same thing probably half a dozen times, with good results. There is always something to resort to and that was mine at that time.

Dr. Forbush:

Dr. Pattee has had quite a little experience with oxygen and I would like to ask how he can use it and not have some other portion of the lung involved. Unless very careful I push it too far. Had one case of pneumonia where the left lung was affected; used oxygen for several hours and all at once the right lung showed signs.

Dr. Pattee:

I can only say that I have never witnessed any such thing in my cases. Whether I had the right case or not I cannot say but I know that I have never noticed any such condition. I never thought that oxygen should aggravate, without you use an over-dose of it. I always watch a case after using it and never use it only as a last resort. I use it for its stimulating effect upon the heart and can get it every time. As far as the pneumonia extending is concerned, I never saw a case where I thought oxygen had anything to do with its extension. Have had only good success with it so

far. If you use too large a dose you get a bad effect; you get beyond the stimulating power; I am satisfied of that.

Dr. Chase:

I am glad to hear all these discussions on my paper. I did not mention a great many remedies that we use, as I think a few remedies well studied are better than a large number not well understood. If there is one thing in which the Eclectic school excells all others, it is in therapeutics. We study the action of remedies. Many of the Old School would tell us just how people die, etc., etc., but nine cases out of ten they do not know how to put on poultices.

Lignol.*

BY PITTS EDWIN HOWES, M. D.

Those among my professional brethren who are best acquainted with my use of therapeutical measures, will realize that I am somewhat slow about adopting new remedies. My belief has been that it is wiser to re-study and completely understand the indigenous remedies of our materia medica, than to adopt and make use of all of the newer preparations, thereby neglecting the older and more tried remedies of our fathers. Therefore, the members of this society may be somewhat surprised at the topic which I have chosen for the article which I am to present to them today. That surprise may be dissipated somewhat by the fact that lignol is not a chemical product, it being a natural oil produced from a particular bed of fossilized wood.

It is an unusual combination, as is proven by the analysis of Dr. Samuel B. Sadtler & Son. It contains the constituents of both wood and coal tar and this does not exist, so far as I know, in any other nat-

* Read at the meeting of the Massachusetts Eclectic Medical Society, June 3, 1904.

ural product. The presence of guaiacol shows that there is a material amount of wood creasote and it also contains carbolic acid, cresol, etc., but in addition to the phenolic constituent, it contains a very large percentage of pyridin bases which, being derived ammonias, neutralize its causticity without interfering with its medicinal action.

Chemists have said that it will be impossible to make a preparation synthetically which would in any way resemble lignol. The bacteriological report shows that lignol, in most cases, destroys the pus germs in five seconds, typhoid bacillus, in most cases, in two minutes, and the anthrax spores in eight hours. Copies of the chemical analysis and the bacteriological report may be obtained from the manufacturers of this preparation, viz: The Girard Company, Philadelphia, Pa.

My first knowledge of this remedy was received from some literature mailed to me by its manufacturers. I was particularly struck by the fact that, according to the chemical analysis, it was free from all of those synthetic coal tar products which I regard as productive of more harm than good. This fact led me to send to them for some samples of lignol. Since that time I have made use of it in two forms, the oil and the soap.

According to the bacteriological report before quoted, the oil has an antiseptic power equal to 1-1000 mercury chloride, thus giving it an unusually strong antiseptic property.

My first use of it was in the following case which was reported to the Boston District Eclectic Medical Society in the early part of the present year, and which I repeat for the benefit of any who may not have heard it or read the report printed in *The Eclectic Review*. I was called to see a young lady with abscess of the left labia majora. Had it poulticed for twenty-four hours, when it was ready

for the knife. She was placed under the influence of an anaesthetic. An opening about two inches long was made, from which was discharged at least two ounces of foul smelling pus. The cavity was washed out with hot water and four large pledgets of absorbent cotton, saturated with lignol—full strength—was placed therein. The next morning they were removed and the cavity was washed with a 1% solution of lignol and replaced with the absorbent cotton saturated as before with the lignol. This time only two pledgets were required. The next morning the same operation was repeated, and the cavity had become so small that the pledget could only be laid on the outside and the cavity had been obliterated. I have never seen any other preparation which would do such work so quickly.

I have also used the lignol soap quite extensively for a variety of skin diseases and so far I have been satisfied with the results obtained. From the reports of other physicians who have used this remedy in a variety of diseases, I feel that I am justified in claiming for lignol, antiseptic qualities of unrivalled value.

To show you the scope of its action, permit me to quote from the reports of a few among the many who are enthusiastic in regard to its use. Albert S. Reed, M. D., 157 W. 51st street, New York city, reports the following case: "Miss A—, aged 27, developed diphtheria on the 4th of January, 1904. I was called in on the 6th inst. Found diphtheritic membrane on both tonsils well developed, as proven by culture. I immediately applied lignol—full strength—freely to the tonsils. I repeated this in 12 hours, besides using the ordinary internal treatment. On my next visit I removed the membrane. The case made a rapid recovery. I am satisfied that lignol has an extraordinary power of destroying diphtheritic mem-

brane but this is what we would expect when we consider its chemical formula and knowing its action on the fat globules, its penetrating and powerful germicidal properties."

J. F. Hawkins, M. D., of Providence, R. I., sends the following communication to the March number of the "Medical Counsel," published this year in Philadelphia: "During the time that I have been in active practice of medicine, I have refrained from putting my name where it would be used in connection with preparations of any special house but I do feel, in view of the extraordinary results I have had in the use of lignol, which is a natural product and not a synthetical compound, not even proprietary, that I can be strictly ethical in deviating from my usual custom. I would like, then, for the benefit of the profession, to illustrate in your journal my experience in two cases only: Mrs. M— was operated upon by me for mammary carcinoma. The day after the operation I asked her about the skin affection that was present. She said she had had it for about six months and it had been treated by the two best specialists here and one in Boston, each of whom gave a different diagnosis. She not only did not get any better but on the contrary, was rapidly and continually growing worse. From a small spot on the left wrist it had spread up and around the arm and all over the back of the hand and later appeared in various places on the body. I told her I wanted to try a remedy. She would try anything. I wrote first for a 25% solution of lignol and afterward for the 12% ointment. The patient considers the result simply miraculous. The treatment was continued for about two weeks when there was no further sign of the disease. This was four weeks ago and

today the patient is well, without a sign of any skin lesion.

Another case, this one myself. For months I have been troubled with that very disagreeable form of hypertrophic rhinitis which in many cases develops into ozena. I tried all the remedies I knew of, or any of the books in my library told me of, or any of my friends advised, all to no avail. I tried lignol, applied full strength, on absorbent cotton on an applicator to the surfaces of both nostrils as far back as I could get it. It was heroic and painful treatment for a few minutes. The action of the lacrimal ducts was not in accord with recognized labor union organizations; they worked over time. Next day the same procedure, then skipped a day and applied again, three applications in all. Imagine my surprise and joy, if you can, to find that although it is over six weeks since I stopped the treatment, there is no return of the condition.

A prominent Philadelphia physician reports the following case of a very rare form of skin disease, viz: tylosis or keratosis palma et plantar. Only a few cases of cure have been reported, some dermatologists not reporting any cures. The case to which we refer has now been under treatment for fourteen weeks. Miss M., aged about fifty, cannot give any history of how the disease appeared at first, as it was many years ago. When first seen, the horny layer of the epidermis was thickened into a yellowish, translucent, horny plate 1-16 to $\frac{1}{2}$ of an inch thick, with loss of flexion, hindrance of free motion, the fissures cracking and bleeding at times, increase of sensibility with decrease of sensation, with circulation especially marked on the finger tips. The knuckles on the dorsum of the hand showed deep fissures, with raised edges symmetrical. Lignol ointment was ap-

plied freely on the hand with heat, and directions to let it penetrate as much as possible, wearing gloves to protect the linen. During the day lignol pure was to be freely rubbed in several times. Circulation became normal in about four weeks. Improvement was very rapid and at the end of eight weeks she was able to use her hands pretty freely, the dorsum being entirely healed. At the present time the only sign of the disease is a superficial roughness on the palmar lines of the flexion but the intervening skin is quite soft and the patient can use her hands quite freely, being able to sew, etc. We look for a complete cure.

A physician who is greatly interested in the results obtained from lignol, has been attending different clinics in Philadelphia for the purpose of watching the effects of its use. He says that he has seen personally, cases of fistula in ano which had been operated on from three to nine months previously and treated in the most scientific manner, without being able to make the tract heal, and many in which pouches existed. He says he has seen these cases healed entirely in from three to six weeks, by means of the lignol.

Many surgeons connected with various clinics, are very enthusiastic about the results they obtain from lignol under these conditions.

I could take a very much larger share of your time in quoting cases, which would continue to show the wide range of action to which lignol can be devoted. These which I have given, however, will serve to prove its extensively valuable antiseptic qualities. The manufacturers do not claim that it is a specific for any or all conditions, but they do state that it possesses properties along antiseptic lines which are unrivalled by any preparation now upon the market.

Lignol is put up in five different forms: the oil—capsules containing 5 minims each—ointment containing 20% of lignol—soap containing 5% of lignol—and rectal suppositories containing 20% of lignol. The ointment should be used when a weaker preparation of lignol is required. It is prepared with a non-irritant base and is a very convenient form in which to prescribe a dilution of lignol. Lignol may be applied with a brush, an atomizer, a nebulizer, or by gently rubbing on with the fingers. One or two applications daily are generally sufficient, except in chronic cases.

If the parts at any time become too sensitive, it is better to suspend treatment for a few days, using a softening application in the mean time and then resuming its use. Exposure to sun and wind should be avoided immediately after applying.

Lignol is of such a penetrating nature that it will reach the deep tissues very rapidly after any hardened or scaly tissue is removed, which will be the case after a few applications, unless in very chronic cases. Never scrub, scratch or irritate the parts before applying. Oil of sweet almonds and olive oil are the best excipients, but vaseline, aboline or any similar preparations can be used.

DISCUSSION.

Dr. Forbush:

I had a case of fistula, the largest one I ever saw. On opening it I came to the conclusion that an ordinary probe would not be long enough to reach to the bottom. I had been using lignol in another case but not knowing at that time whether it could be used in this particular condition or not, I washed out the fistula thoroughly and made one application of lignol. All his friends advised the patient to go to the hospital and have an operation but he thought he would try some-

thing else first. The result of the use of lignol is that the fistula has become solid tissue. The only remedy used was lignol and soda bicarbonate.

Another case—a teamster who had an injured leg, was sent to the emergency hospital and they gave it there as their judgment that it was what they called malignant. The man wanted to know what they meant by it and if I could do anything to prevent pain. I immediately began to use lignol and the result was that inside of six weeks the leg was completely healed. I have used it in quite a number of other cases and I think in all except one the result has been satisfactory. I am now using it internally to see what result I can get from it.

Dr. Ross:

I would ask if it would suggest itself as a remedy to dress lupus cases with?

Dr. Forbush:

I believe it would act nicely in those cases and should most certainly give it a trial.

Dr. Howes:

I would state that the lady who had the labii abscess referred to in my paper, came to my office a short time ago and informed me that the parts were perfectly solid.

June 17, 1904.

EDITOR ECLECTIC REVIEW:

In this month's issue of the REVIEW you publish a letter by Dr. R. H. T. Nesbitt, commenting upon the method advised by me in your May number, for preparing hydrate oxide of iron, which required no washing of precipitate when used as an arsenical antidote.

The writer finding it difficult to obtain Mousel's solution in his vicinity for preparing this antidote, suggests the use of tincture of iron, precipitated with either carbonate or bicarbonate of soda. I fail

to agree with him, for carbonate or bicarbonate of soda added to any iron preparation, precipitates either a carbonate or bicarbonate of iron, and not the hydrated oxide which *alone* is the arsenical antidote. Furthermore, the writer claims "that the addition of carbonate or bicarbonate of soda to tincture of iron results in sulphate of soda (glauber-salt)." On this point I must also disagree, as the tincture of iron is a chloride, consequently the resulting soda salt must be a chloride and not a sulphate.

From the facts set forth by Dr. Nesbitt I fail to find any advantage or improvement upon the method suggested by me in your May number.

Dr. M. Augsburg.

Therapeutics

Edited by

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

Dioscorea Villosa.

Dioscorea has long been regarded as a medicament of wonderful power in the treatment of colic, but physicians are numerous who have seen cases of this abnormal condition in which the drug exerted but little, if any, curative influence. There surely must be some good reason for this lack of uniformity of action of the remedy, and it may be possible that the difference in effect was owing to failure on the part of the doctor employing the agent to closely observe and correctly understand the disease expressions presented in the cases in which it failed to improve the condition of the patient. The doctor may have prescribed for the name colic, instead of the wrong which actually existed as the cause of the

colic. In colic, as in diarrhoea, the indications for remedies presented are not always the same, any more than the causes are always the same. Unless a medicine is clearly indicated we should not expect curative results from its exhibition, but a remedy which will remove a wrong of life once will always remove the same pathological condition under *exactly* the same circumstances. When we have learned this fact once we have learned it for all time, for if it is true today it will be true for all time in the years to come. A drug, however, which will cure a disease caused by atony cannot be expected to remove a wrong caused by excitation. In referring to the action of dioscorea in colic, Dr. G. M. Aylsworth in substance says:

"Gould defines colic as 'spasmodic pain in the abdomen.' Intestinal colic is due to irregular and violent contractions of the muscles of the bowels. Byron Robinson says these contractions are controlled by Auerbach's ganglia through the plexus mesentericus. C. J. B. Williams says disease consists of excess, defect, or perversion of normal life, necessitating, according to Scudder, sedation, stimulation, or alteration for cure.

"Intestinal colic, then, is either perversion due to excess, or perversion due to defect in the nervous energy generated in Auerbach's ganglia. Experience has shown that medicines making directly for the correction of these two distinct conditions are by far the most successful in the treatment of intestinal colic. Dioscorea meets an excited or excessive nerve force and directly sedates it to the norm, the large dose being useful to produce the effect quickly.

"Small doses of colocynth meet a defect in nerve force and stimulate it to the norm. The dose must be very small, for in large doses colocynth will produce colic.

In these instances colocynth and dioscorea are *directly* curative, morphia is not. Morphia only reaches the condition to afford relief by paralyzing sensation, which is a function of the cerebro-spinal nervous system. This means that the force from Auerbach's ganglia may still be acting abnormally, but owing to the paralysis of sensation due to the morphia, the brain is unable to report the condition to the patient's consciousness. This is almost an exact parallel to the use of chloroform in labor, where painful uterine contractions continue to the end of accouchment, but the patient does not know it because the chloroform does not permit the nerves of sensation to perform their duty."

Dioscorea has valuable properties besides those found useful in the treatment of colic. In the nausea attending pregnancy it often affords much relief and as a modifier of afterpains it acts in a very satisfactory manner. In dysmenorrhoea it aids in rendering the painful condition bearable, and in hysteria it may well constitute a part of the treatment. Hepatic diseases, especially when accompanied with irritability of the stomach, are among the wrongs in which indications for this agent are likely to be seen, and as a remedy for dysentery and all spasmodic affections of the stomach and bowels it is of frequent usefulness. It is also highly esteemed by many physicians as an expectorant in asthma, whooping cough and bronchitis.

Dioscorea is antisporadic, diaphoretic and expectorant. In large doses it is emetic.

Among the most prominent specific indications calling for dioscorea are the following: Abdominal muscles contracted, when there is constant pain; colic, with sharp cutting pains; pains in the abdomen, relieved by pressure or by support-

ing the abdomen; hepatic disorders, accompanied by irritability of the stomach; typhoid fever when there is tenderness on pressure and tympanitis.

The dose of specific dioscorea is from 1 to 20 drops, but it is usually employed as follows: \mathcal{R} Dioscorea, $\text{gt. x to } \mathfrak{z}\text{i}$, water, $\mathfrak{z}\text{iv}$; teaspoonful every hour or two. In bilious colic fifteen drops of the specific medicine (or a good fluid extract) should be given in a little water every thirty minutes until relief is obtained. The remedy should then be continued in doses of ten drops each every hour as long as needed.

Lilium Tigrinum.

Common Name.—Tiger Lily.

Natural Order.—Liliaceae.

Part Used.—The flowers and leaves.

Description.—This plant has a cottony stem from four to five feet in height. Its leaves are lanceolate and scattered. The flowers are paniced, very numerous, showy, and orange-red in color.

Dose.—Fluid extract, 1 to 10 drops; specific medicine, 1 to 10 drops.

Usual dose.—5 drops every two or three hours.

Indications.—Chronic Inflammation of the uterus; nausea caused by uterine disease or pregnancy; amenorrhoea, with burning pain in the ovaries; neuralgic pains in the uterus, ovaries or mammary glands; acrid leucorrhoea; abnormal sensations in the region of the heart caused by wrongs of the uterus; neuralgic pain, extending from the uterus and ovaries down the inside of the thighs; a sense of weight and downward pressure in the lower abdomen; dysmenorrhoea; headache caused by uterine disease.

This is a very efficient remedy in all debilitated states of the female organs of generation.

Lilium Tigrinum is tonic and nervine

Some Summer Remedies.

Again the season has arrived when has to be told the "old, old story," and the old familiar fight against the evil effects of excessive heat, improper feeding and lack of needed hygeinic regulations has again to be fought. It is now that the dear and tender ones need our greatest skill and most thoughtful consideration. Can we not better prepare ourselves for the duties which now devolve upon us? Under the most skillful treatment some children will die—they have not the necessary vitality to withstand the depressing effects of an attack of cholera infantum. This we cannot help, but it is our duty to contest every case as long as there is the slightest indication of life, and in order to do this work intelligently we must have the indications for our remedies and methods firmly impressed upon our minds.

The most important of the remedies which will be required throughout the summer months are hereinafter mentioned. They are all tersely given in Fyfe's *Materia Medica*, and should now be thoughtfully reviewed. They are as follows: Aconite, aromatic spirits of ammonia, sulphurous acid, aqua calcis, arsenic, amygdalus, latic acid, hydrochloric acid, belladonna, baptisia, subnitrate of bismuth, bryonia, camphor, chamomilla, colocynth, cuprum arsenite, carbo-veg., collinsonia, euphorbia cor, echinacea, epilobium, ferrum phos., gelsemium, geranium, ipecac, kali mur., magnesia, nuxvomica, neutralizing cordial, opium, podophyllin, rhus tox, bicarbonate of soda and veratrum album. "Glycerine compound"—equal parts of castor oil and glycerine—is also a medicament of curative power, especially in dysentary. The dose is one or two drachms once a day.

Formaldehydum.

Common Name.—Formaldehyde.

Description.—Formaldehyde, or formic

aldehyde, is a gas, and is prepared by the reduction of wood alcohol. In medicine and in pharmacy, however, a concentrated solution, containing from thirty-four to forty per cent. of the gas is usually understood as formaldehyde. It is generally marked forty per cent. A prescription calling for a certain per cent. of formaldehyde means, therefore, the per cent. named of the commercial solution—not of the formaldehyde gas. The solution is a clear, colorless liquid of a pungent odor and taste.

Indications.—Locally, as an application and inhalation: all infectious and contagious diseases; all conditions requiring a disinfectant for surface disinfection.

This agent is extensively employed, and its field of usefulness is constantly enlarging. As a disinfectant it may be sprinkled in a two to five per cent. solution over the room, or clothes saturated with the solution may be hung about the room. The various lamps and disinfectors in which formaldehyde is generated by heating paraformaldehyde constitute convenient methods of using this disinfectant. The disinfection of surface objects by formaldehyde has been very satisfactory, but it is said to be less efficient in disinfecting articles requiring deep penetrating power. In a two per cent. spray, or inhalation, it lessens the paroxysms of whooping cough and is deemed beneficial in phthisis. As a general antiseptic it is used in from one-fourth per cent. to two per cent. solutions. It is said that a twenty per cent. solution applied on a pledget of cotton to the raw surface of an ulcerating sarcoma will not only control troublesome hemorrhage, but harden and improve the condition of the tissue. The application is painful but it can be made bearable by a previous application of cocaine. Sores and wounds when washed with a weak solution of formal-

dehyde are made clean and free from odor. A one to five per cent. solution applied into the folds of the vagina with a swab in gonorrhoea aids in the curative process.

Formaldehyde is antiseptic, disinfectant and deodorant.

Cypripedium Pubescens.

In the treatment of hysteria and all spasmodic affections cypripedium constitutes a frequently needed remedial agent, and in nervous headache, hypochondria, chorea and nervous debility it is a remedy of decided merit. In affections of the stomach and bowels, especially nervous dyspepsia, it has long been a favorite medicament, and in neuralgia, rheumatism and gout it is often of a considerable service. In the diseases peculiar to women indications for cypripedium are also frequently seen, but it should always be borne in mind that the drug possesses more or less narcotic power. When an anodyne is needed in the treatment of children this agent can be employed with confidence. It has often been substituted for opium when the latter drug was contraindicated, and under such circumstances has given satisfaction.

Cypripedium is tonic, stimulant, diaphoretic, nervine, antispasmodic and narcotic.

The following are among the most prominent indications calling for this drug: Nervousness and sleeplessness from atony; restlessness and twitchings; typhomania and tremors of patients in low fevers; nervous excitement of hysteria.

The dose of Specific Cypripedium is from 5 to 60 drops.

Specific Medication in Diarrhoea.

The easiest way we know to positively demonstrate the specific-medication idea, and to prove that small doses of the right

drug properly given will do the work desired, is in the treatment of diarrhoea. Given a case with frequent stools, cramping pains pointing toward the umbilicus, ten drops of specific nux vomica added to four ounces of water, and a teaspoonful of the mixture given every thirty minutes will bring relief very quickly. In another case, in which the stools are watery, large and frequent, preceded by crampy, colicky pains, and there is a gaseous distension or fullness, one drop of specific colocynth used in the same way will prove just as satisfactory. In the case with irritation of intestinal tract, evidenced by a long-pointed tongue, with red tip and edges, and ipecac pleases. Add not more than ten drops of the specific medicine to four ounces of water. Give a teaspoonful of the mixture every half hour or hour. Again there is the case in which the tongue is broad and full and coated. There is atony, plus an overloaded condition, and nature is trying to unload the prima via. Assist her by adding thirty to sixty grains of the 1 to 100 trituration (or specific podophyllin) to four ounces of water, and give a teaspoonful of the mixture every half hour or hour, and see how pleasantly and quickly the disturbing frequency of the dejections will be changed. Other cases and indications might be cited. But these are sufficient.—*Dr. W. E. Boyer, in the Medical Gleaner.*

Dr. W. C. Cooper gives the following as an "infallible" treatment for dysentery:

R. Specific aconite, gtt. v; specific ipecac, gtt. x; water, 5iv—vi. Sig.—A teaspoonful every hour, excepting the third, when you will substitute the following powder for the fluid mixture: R Magnesia sulph., 5i; bismuth sub. nit., 5ij. M. ft. cht. No. xij. Sig.—One powder every third hour.

In writing of uterine tonics, Prof. W.E. Boyer, in the *Medical Gleaner*, says: "The physician who treats chronic diseases of women knows full well the need of 'uterine tonics.' To those who are not fully familiar with specific helonias, senecio, tiger lily and fraxinus americanus, we recommend them. Read them up; study them carefully, and you will be fully repaid for the time spent."

Dr. J. T. Blank, in the *Medical Arena*, says: "Dulcamara is as near a specific in the various scaly varieties of skin troubles as anything I ever used."

Dr. R. O. Foltz, associate editor of the *Cincinnati Eclectic Medical Journal*, says that the doctor who is not better qualified to prescribe for his patients than some firm manufacturing a cure-all had better quit the business. There is a "whole lot" of food for thought in that brief statement.

Infant Foods.

Albumin water may be prepared by mixing the white of one egg with from 4 to 8 ounces of water at a temperature of from 104° Fahr. to 108° Fahr. The egg should be mixed in carefully and not beaten. The shreds should be strained out.

Beef juice is prepared by half broiling a piece of round steak. The steak is then cut into small pieces and the juice expressed with a beef or lemon squeezer. It is better taken if salted, and may be given undiluted or diluted with warm water.

Barley water is made by boiling two teaspoonfuls of barley flour in a pint of water for fifteen or twenty minutes. Water is then added until the amount of the mixture is again brought up to a pint. It is then strained through cheesecloth.

Tenth Annual Meeting of the New England Eclectic Medical Association.

The tenth annual meeting of the New England Eclectic Medical Association, held at "The Thorndike," Boston, Mass., June 1 and 2, was the best to date; and, greatly to the benefit of all concerned, it received much commendation from the local press.

The association's new officers are: President, Dr. Algernon Fossett, Portland, Me.; first vice-president, Dr. Stephen Benjamin Munn, Waterbury, Conn.; second vice-president, Dr. John Albert Donner, Holyoke, Mass.; third vice-president, Dr. Alonzo Downing Muchmore, Plymouth, N. H.; recording secretary, Dr. Sylvia Apphia Abbott, Taunton, Mass.; treasurer, Dr. Frederick Wallace Abbott, Taunton, Mass.; librarian, Dr. Herschel Napoleon Waite, Johnson, Vt.; corresponding secretary, Dr. Frank Winchester Snell, Dennysville, Me.; censors, Drs. Henry Reny (Biddeford, Me.), Percy Lee Templeton (Montpelier, Vt.), Edwin Morgan Ripley (Unionville, Conn.), Charles Gilbert Percival (Boston, Mass.), Alfred Horace Flower (Boston, Mass.), and George Adam Faber (Waterbury, Conn.).

The 11th annual meeting will be in June, 1905, at Montpelier, Vt.

Forty-fourth Annual Meeting of the Massachusetts Eclectic Medical Society.

Boston, June 2-3, 1904.

The first session was called to order at "The Thorndike" at 8 o'clock P. M.

The reports of the secretary and various committees were made and accepted.

The treasurer's report showed all bills paid with a balance on the right side.

Letters were read from the Boston Public Library, Library of the Surgeon General, Washington, D. C., and the Massachusetts Homoeopathic Medical

Society acknowledging the receipt of and thanking the society for a bound copy of our publications. The letters were ordered spread upon the records.

Drs. Miles and Allen were appointed a committee to nominate officers for the ensuing year.

Dr. Pitts Edwin Howes was appointed to nominate delegates to the National.

Dr. John Perrins was appointed to nominate delegates to Congress in tuberculosis to be held in Washington, D. C. during April, 1905.

The death of Drs. W. H. A. Young, of Springfield; Nathaniel Jewett, of Ashburnham, and J. D. Young, of Winthrop, were reported and the secretary was directed to draft resolutions and report the following day.

The secretary was also ordered to send a message of condolence to our president, William H. Russell, M. D., who was confined at home by illness.

The second day's session showed conclusively the interest taken in the society by its members. Notwithstanding the fact that the New England Society had seen fit to appoint their meeting for the same day, at the same place—thus depriving us of the attendance of some of our members—the number which attended this meeting was larger than it had been for many years.

The following resolutions were respectfully submitted by Pitts Edwin Howes, M. D., the committee appointed to draft the same. They were accepted and their recommendations adopted:

We learn with regret the death of our Fellow, W. H. A. Young, M. D., of Springfield, Mass., who had been a member of our society for the past twenty-years.

Although a rare attendant at our gatherings, yet he was always a welcome visitor. He was a true Eclectic in all that

pertained to his profession, a good citizen and an honorable man.

We would tender our sincere sympathy to his bereaved family and order that these expressions be spread upon our records and copy sent to the family.

In the midst of life we are surrounded by death. As a society we are called, today, to mourn the loss of one who, in the early years of its history, was an active worker and an honored president.

Nathaniel Jewett, M. D., of Ashburnham, Mass., has passed to the great majority.

His professional life was eminently successful, and many are left to mourn their loss. While his last years were darkened by disease, yet he was always loyal to the best interests of our society.

Therefore, be it resolved, That we, the members of the Massachusetts Eclectic Medical Society, would extend our deep condolence to his loved ones, direct that a copy of these thoughts be sent to them, and also spread upon our records.

The mystery of human happenings are beyond human ken.

An ex-president of this society—John D. Young, M. D., of Winthrop, Mass.—was suddenly stricken with disease and in a few days earth knew him no more.

In his departure we realize that we have met with a loss, and so desire to express our appreciation of his worth as a physician and a man.

During the latter years of his life business interests kept him from our midst and we missed his hearty enthusiasm for Eclecticism in its broadest sense. We would express our tenderest pity for his stricken widow, send her this testimonial of our regard, and cause it to be spread upon our records.

Darius L. Powe, M. D., read an extremely practical paper upon dyspepsia. It was discussed by Drs. Howes, Allen,

Bullock, Chase, Forbush, Ross, Johnson, Keck, Pratt, Borden and Powe.

Charles E. Keck, M. D., read an interesting essay upon "The Puerperium," which was discussed by Drs. Bullock and Powe.

After partaking of the usual lunch, Pitts Edwin Howes, M. D., read a paper upon "Lignol." It was listened to with close attention, being discussed by Dr. Forbush. He was the only one present who had had any experience with the remedy.

Augustus L. Chase, M. D., followed with a timely paper upon "Pneumonia," which was discussed by Drs. Pattee, Perrins, Howes, Powe, Forbush, and the writer.

Granville R. Johnson read a pleasing paper upon "Epilepsy." This was shown by the discussion which followed, in which Drs. Bullock, Ross, Powe, Chase, Perrins, Allen and the writer took part.

The following officers were elected for 1904-05:

President, Lydia Ross, M. D.; vice-president, D. P. Borden, M. D.; corresponding secretary, Asa L. Pattee, M. D.; recording secretary, Pitts Edwin Howes, M. D.; treasurer, Nathan L. Allen, M. D.; librarian, John Perrins, M. D.; councilors, Drs. C. Edwin Miles, W. A. Earle, A. L. Chase, D. L. Powe, A. W. Forbush.

At 5 P. M. the orator—Lillian G. Bullock, M. D.—was introduced, who spoke very eloquently upon the subject "Prenatal Influence." She was listened to very attentively and warmly applauded at the close.

The annual dinner was served at 6.30 P. M., being presided over by Asa L. Pattee, M. D., the anniversary chairman.

The post prandial exercises consisted of speeches by Drs. F. W. Abbott, Alexander Wilder, John Perrins, Lydia Ross, C. Edwin Miles and M. J. W. Brownville. Interspersed between these were musical

selections by Miss M. A. Pedrich and Miss Ella Chamberlain.

The party broke up at a late hour, all feeling that Electicism in Massachusetts was gaining in power.

An interesting feature of this meeting was the fine line of exhibits, made by the New York Pharmacal Co., Mellen's Food, Chas. H. Phillips Co., The Alkalol Co., Veronica Water Co., Parke, Davis & Co., The Bovinine Co. and Eskay's Food. They were artistically displayed in adjoining rooms and were thoroughly enjoyed and appreciated.

Pitts Edwin Howes, M. D.,
Recording Secretary.

Pennsylvania Eclectic Medical Association.

The thirty-first annual meeting of the Pennsylvania State Eclectic Medical Association convened at Latrobe, May 26-27. This was one of the most successful and best attended meetings the society has ever had. A number of new members were taken in. The meeting was full of interest from the first to the last. Each section had a number of good papers which brought out through discussions. Quite a few young physicians attended this year and took active parts, which was very encouraging to the faithful older members. Dr. Finley Ellingwood was with us and added much to the interest of our meeting. The following officers were elected: President, Frank Livingston Salix; 1st Vice-President, S. H. Dech, Allentown; 2d Vice-President, C. J. Hemminger, Rockwood; Corresponding Secretary, E. H. Moore, Pittsburg; Recording Secretary, Mamie M. Sloan, Latrobe; Treasurer, W. H. Wolf, Pittsburg.

We adjourned on the evening of the 27th, to meet next year at Harrisburg, Pa. Nannie May Sloan, M. D.
Recording Secretary.

Book Reviews

"Electro-Diagnosis and Electro-Therapeutics." A guide for practitioners and students, by Dr. Toby Cohn, nerve specialist, Berlin. Translated from the second German edition and edited by Francis A. Scratchly, M. D., New York. With eight plates and thirty-nine illustrations. Funk & Wagnall's Company, New York and London, 1904. Price \$2.00 net.

This is a neat volume of nearly 300 pages, in which the important subject of Electro-Diagnosis and Electro-Therapeutics is handled in a concise and practical form. No waste of words, yet every point clearly defined. It is also well illustrated. We have many books on this subject, but few that give so clearly all that is of value in Electro-Diagnosis, and simply that proven of positive value in Electro-Therapeutics as this does. We gladly recommend it to our readers.

Items

Send for catalogue of the Eclectic Medical College of the City of New York, 239 East 14th Street. —

Drs. Perce and Welbourn were constantly together at the meeting of the National—Welbourn is a good listener.

While at the National we received the prospectus of the Los Angeles Journal of Eclectic Medicine. It is to be a monthly journal with Doctor O. C. Welbourn as editor and Dr. M. B. Ketchum as business manager. We shall be delighted to welcome this publication and be speak for it a deserved success.

How it must whizz when it passes the man from Georgia. Holmes, of Tennessee, was consumed with jealousy.

The Brooklyn boys had a great time on the evening of June 28th. The Kings County Dispensary Association had a trolley ride and hop under the auspices of the Ladies' Auxiliary Society at Ulmer Park Casino. There was a very large number present and the event was certainly a social success, and I have no doubt when the reports are made will prove also a financial success.

Dr. Krausi and wife left St. Louis Saturday morning for a trip through the Yellowstone Park before returning to New York.

We congratulate Dr. J. P. Harville on the Eclectic Doctor who has "come to stay" in his family.

We would also like to present our felicitations to Dr. Johnson who not so many years ago traveled with us to 'Frisco as a gay young batchelor, on having a "full hand" and all trumps.

We lost Dr. Louis, of Richmond Hills, somewhere on the "Pike."

Dr. Rohde and wife were noticed at the fair, and looked as if they really enjoyed being done.

Dr. John K. Scudder has grown so stout that a couple of blind men mistook him for papa George.

A number of our graduates living on the lower East Side of town have formed an association known as the East Side Progressive Medical Society. Dr. Hans Harris is secretary.

On Monday evening, June 20th, at the commencement of St. Francis Xavier's College in Carnegie Hall, the degree M. A. in cursee was conferred on Dr. Henry J. Doll, of Buffalo, N. Y.

We were quite proud of our young King who responded so well to the address of welcome.

Send for catalogue of the Eclectic Medical College of the City of New York, 239 East 14th Street.

Dr. John K. Scudder, of Cincinnati, has been appointed by Governor Herrick as a member of the Ohio State Board of Medical Registration and Examination, to fill the unexpired term of Dr. Towers, resigned. The board is now composed of two Eclectics, two Homoeopaths and three Regulars. Meetings will be held quarterly, and examinations for license to practice, semi-annually in June and December. Complete particulars in regard to registration in Ohio can be obtained from the secretary, Dr. Frank Winders, State Capitol Building, Columbus, Ohio.

The Brooklyn Dispensary Auxiliary Society is to be congratulated on having so active and enthusiastic a member as Mrs. Charles M. Tiffany, who sold over a hundred tickets for their recent trolley party.

If you have not received the illustrated College Catalogue, send for it at once.

The papers and the oration presented at the forty-fourth annual meeting of the Massachusetts Eclectic Medical Society will appear in the August and September number of the Review.

The large amount of space devoted to the "Boston District" and "Massachusetts" Eclectic Medical Societies this month has crowded out the Query Department. It will appear in the next number.

THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

VOL. VII.

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Cerebro-Spinal Meningitis.

The recent occurrence of a large number of cases of cerebro-spinal meningitis in New York, Connecticut and several other States has caused the lay press to repeatedly refer to this abnormal condition in a manner likely to create unnecessary alarm in the minds of newspaper readers. One daily paper, in mentioning the fact that the disease had appeared in an adjoining city, said:

"The disease is the most contagious and the most fatal of all diseases. Its cause is unknown to physicians and they have no treatment, for it—they can only watch its fatal course."

The editor of the *Medical Review of Reviews*, in calling attention to the harm likely to result from the alarming articles constantly being published in the daily papers, says:

"We have been told that nearly all cases prove fatal. It is a fact, however, that in the town of Andover, New York, the very severe epidemic of 1873 yielded twenty-seven cases out of a population of less than 1,000, and *only four of the twenty-seven proved fatal*. We are speaking from personal knowledge now, for the writer was initiated into the practical management of the cases. It has been stated in the papers also that those who do recover are very often left with terrible paralysis, deafness, blindness, etc. No such permanent disabilities followed in the twenty-three recoveries at Andover. Under the continued use of iodide of potassium all the products of the inflammation finally disappeared. From a review of the sporadic cases which we have since attended in this city it is fair to assume that the permanent paralysis are more likely to follow these than in the more acute forms seen in an extensive epidemic. There is no such thing as its being spread by contagions. The twenty-seven cases referred to occurred in twenty-seven different families, no second case appearing in a single instance, and no attempt at isolation or disinfection was undertaken. Until some definite knowledge upon the subject

has been secured, it is fair to assume that it is not infectious or even communicable in any way, shape or manner."

The above experience of Dr. Lewis would seem to justify physicians in assuring their patients that the disease is far less dangerous than sensational writers would lead one to believe.

J. W. F.

The Eclectic College Building.

A few days since, through the courtesy of Prof. Boskowitz, the able and genial Dean of the institution, I had the great pleasure of inspecting the improvements recently made in the building of the Eclectic College of the City of New York. The changes are all useful, in good taste, and show the influence of knowledge which can only come from an extensive experience in providing for the needs of men and women who seek a thorough understanding of the varied branches of science which are now essential to all well informed physicians. Of course, a large sum of money had to be expended on the building in order to bring about the extensive changes needed, but the Dean and trustees evidently feel that the money has been put to a most important use, and the manner in which they have expended it should cause us all to feel an additional pride in our alma mater and its judicious management.

It was through the generosity of a number of prosperous and progressive Eclectics that the college has been enabled to make these much needed improvements—improvements that now place the institution in a position to afford Eclectic students—both male and female—an education second to none in the United States.

J. W. F.

Send for catalogue of the Eclectic Medical College of the City of New York, 239 East 14th Street.

Catalogue 1904 and 1905.

We hope everyone interested in our school has received the illustrated catalogue sent out some weeks ago. If you have not received one send to the clerk, Mrs. E. Trigg, 239 East 14th street, and it will be promptly sent to you.

A few changes, and some addition to the teaching has been made, and a considerable amount of money has been spent for equipment. We feel that we are in a position to give our students a thorough and practical training.

Feeding of Infants.

BY MAX MEYER, M. D.

Great difficulties exist in the production of a substitute for mother's milk, the only perfect food for infants.

Cow's milk and mother's milk have the same constituents, but differ in their proportion, in the latter the percentage of fat is high and the proteids (albumin and casein) low, whereas in the former fat and proteids are in nearly equal amount.

Proteids as found in the milk are nitrogenous substances upon which the growth and development of the young organism depends.

Albumin is not coagulated by the gastric juice and is readily absorbed, but casein curdles into firm and compact masses which are indigestible.

Albumin Casein

Woman's milk contains. 2-3 1-3

Cow's milk contains. 1-7 6-7

On account of the high percentage of the indigestible casein, infants cannot be fed properly on cow's milk. Of course, we can lower the percentage of casein by adding water, but in doing so we also diminish the nourishing principle, viz: the albumin.

The important question arises: How mother's milk can be imitated. Keeping in mind that the constituents of the substitute must be identical with the original, *i. e.*, the ratio and percentage of albumin to casein, that they must be proportional to the de-

mands for growth, that they must be of animal origin, not containing anything foreign to human milk; that the mineral and proteid matter must be unimpaired, *i. e.*, not destroyed by the action of a high temperature, the imitation of mother's milk proves to be a great difficulty for physiological chemistry.

These demands are nearly fulfilled by blending together cream, unskimmed milk, milksugar, limewater and pure water in such proportions as will fit the age of the child.

Faulty methods in the preparations and of feeding are the sole cause of gastro-intestinal diseases, in which fermentation is a great factor, and it is an open question if remedies are apt to stop the action of micro-organisms in the relatively long digestive tract.

Sterilizing and pasteurizing are employed to destroy micro-organisms in the milk, the latter method is preferable, because the fluid is brought to the boiling point only, whereas in sterilized milk the boiling is continued for a long time, causing the destruction not alone of the micro-organisms, but also of the loose combination of organic and inorganic constituents, *i. e.*, the vitality of this natural emulsion, and for this reason renders it unfit and indigestible.

Artificial foods, all of which contain more or less carbohydrates in the form of cereals, are very objectionable, because they are prone to ferment on the slightest impetus. They should never be given in gastro-intestinal troubles, because their decomposition within the digestive tract produces toxic gases and fermentative processes, hence violent, rapid and destructive inflammation of the mucous membrane with all its sequelae.

Instead of artificial foods, "egg-albumin water" or "carbonized milk" or both mixed together should be given. The former preparation is so well known that I can omit to speak about its value here, the latter is prepared in forcing CO² into the milk

till i-io atmosphere is absorbed, *i. e.*, by opening the bottle very small gas bubbles should slowly rise to the surface. CO^2 is a stimulant to the mucous membrane of the digestive tract, it is also a diaphoretic and diuretic and possesses some anaesthetic properties. These preparations should not be given too warm, as the temperature above blood heat will destroy them.

Besides these substitutes a very valuable modification is "gelatinized milk." It is prepared by dissolving $\frac{1}{2}$ oz. of best white gelatine in one pint of unskimmed milk. to which milk sugar or limewater may be added.

Gelatine belongs to that class of animal nitrogenous bodies which are easily digested and which do not ferment. Its great nutritive value is not doubted, and it forms in any proportion a palatable, demulcent jelly, which, upon warming, becomes liquid, so that it can be fed through a nipple.

I have found that the above preparations alone or mixed with each other, according to prevailing conditions, are of great benefit in feeding children in health or in disease.

New York, N. Y.

Dyspepsia.

BY DARIUS L. POWE, M. D.

*Read at the meeting of the Massachusetts Eclectic Medical Society June 3, 1904.

The agonizing miseries, both physical and mental, we sometimes experience from difficult or imperfect digestion, is the penalty we pay for disregarding the laws which govern the physiological process of perfect digestion. The more civilized and intelligent man becomes, the greater are his opportunities, and the more liable is he to voluntarily violate these natural laws. The savages and lower animals, in their natural state, are not—we believe—afflicted with this disease. It is the costly price we pay for luxuries. Heedless of the consequences we are only too prone to freely indulge in the practice of satisfying a well cultivated

taste for the edible good things at our command.

Few diseases inflict upon their victims greater suffering; yet the disease is not considered to be particularly dangerous, only in rare and complicated cases.

In the incipient stages of some mild cases, a rather pleasant sensation is sometimes experienced, from the eructations of moderate quantities of gas from the stomach. But later the same victim may wish that he had never been born, for many sufferers from this disease have, in a fit of despondency and despair, committed suicide.

There are but few diseases arising from a common cause which manifest a greater variety of deceptive symptoms, or phases, both objective and subjective. The patients often imagine that they are afflicted with a serious structural lesion of the heart, or that tuberculosis, especially of the bowels, has invaded their systems because of their loss of weight, or that they have become the victims of chronic diarrhoea. A variety of other diseases exist only in the imagination of the patient.

It is very evident that indigestion is the primary cause of many pronounced and fatal diseases, and among the most prominent may be mentioned albuminuria, diabetes, dysentery, diarrhoea, rheumatism, epilepsy and a variety of skin diseases of lesser magnitude and importance.

Both acute and chronic dyspepsia, in our opinion, have their origin in the simple functional form. The etiology of which is entirely due to errors in diet. Eating a larger quantity of food than the physical system needs for its economy, thus creating a surplus in the alimentary canal which the gastric and intestinal juices are inadequate to completely digest. This results in fermentation, which produces foreign gases and acids that irritate the mucosa, thereby laying the foundation for the different degrees of cartarrhal conditions which are found in nearly all cases of gastric and in-

testinal indigestion. Overtaxing the capacity of the stomach causes transient or permanent dilatation. This destroys the anatomical cellular construction of the peptic and other glands of the stomach, rendering them comparatively useless, and incapable of performing their natural functions.

The stomach is not calculated as a receptacle for irritating substances; therefore the immoderate use of acrid condiments, strong tea, strong coffee or alcoholic liquors cannot always be taken with impunity. Indigestion may follow the indiscriminate use of all kinds of food, although vegetarians are not, to any extent, afflicted with this disease. The cause preeminent, especially in this country, is the excessive habitual daily consumption of animal food. Functional disorders of the heart and liver, and structural diseases of the kidneys—we are convinced from observation—result directly from the use of beef as an article of diet.

As a rule, corpulent people of sedentary habits on account of inaction are very liable to suffer from this malady, while the active out of door laborer, who is temperate in his habits, is almost exempt from this trouble. Those who have led an industrious life and suddenly adopt one of leisure, and indiscretely neglect to regulate the diet accordingly must prepare to suffer the consequences of their indiscretion.

All conditions of depressed vitality predispose to the varied forms of a tonic dyspepsia, while dyspepsia in any form is a prominent factor in creating a condition of depressed vitality.

Acute attacks of indigestion accompanied with either vomiting or diarrhoea, or both combined, are probably caused by a septic material generated in the fermentation and decomposition of undigested food.

It is not always necessary for a close observer of diseases, to minutely interrogate a dyspeptic in order to arrive at a correct diagnosis. The word—dyspepsia—stands out

prominently engraven on every feature of the countenance. That peculiar sallow complexion, in which this class of patients can rightfully claim an ownership indicates an involvement of the liver and invasion of impure and foreign substances into the blood current. The downward curve at the corners of the mouth, acquired by mental aberration and disturbed nocturnal slumbers. The eyes, though lustrous at times, display a characteristic vacant expression, denoting a forlorn hope in all things human and divine.

The time required to restore the sufferer from this disease to health depends largely upon the duration and severity of the attack. If structural lesions of the mucous membrane of the alimentary canal exist, as the result of chronic gastritis or enteritis, it will take months to procure permanent relief.

Man's digestion brings a law unto himself, so conceded even by the adage—"What is one man's meat is another man's poison"—renders it impossible to lay down rules or establish dietetic laws applicable to all cases. Nevertheless, we learn by experience and observation to follow certain lines in selecting a diet from which the most benefit is derived in individual cases. Our success in the management of these cases depends almost exclusively upon the faithfulness with which the patient follows our dietetic instructions, which, I regret to say, are in many cases entirely disregarded.

The manufacturing chemists of ready-to-take medicines, in their generosity and consideration, have not neglected to introduce an abundant supply for the especial benefit and use of the unfortunate dyspeptic. With an eye to business, not surpassed even by that of Shylock, they have well cultivated the fertile ground, which has yielded abundantly, adding shekels to their coffers by the million. Judging from the extensively advertised, elegantly prepared and enticingly palatable numerous preparations on the

market—all highly recommended for the cure of dyspepsia in any form—one would suppose that the problem of artificial digestion had been at last solved. But, alas! after years of faithful trial they "have been weighed in the balance and found wanting." As a placebo they are a grand success, but as a panacea for the ills of indigestion they are a deplorable failure.

In simple common acute attacks, accompanied with pain and nausea, the result of an over-loaded stomach, the treatment is obvious. Simply remove the cause. This can easily be accomplished by giving an emetic dose of the compound powder of lobelia and capsicum. If the case is severe and more immediate relief is demanded, apomorphia hypodermically will evacuate the stomach and relieve the pain almost instantly.

If undigested food has entered the bowels, creating griping pains, a cathartic dose of castor oil mixed with chloroform water will undoubtedly give good results. The patient should be advised to fast for at least twenty-four hours, giving the stomach an opportunity to recuperate. In the mean time, to allay gastric irritation, small doses of pulverized ipecac, triturated with sub-nitrate bismuth will be found soothing, and possibly all the medication needed. The diet for the week following should consist entirely of cereals and milk, if the latter is agreeable to the patient. To prevent future attacks let the patient eat moderately of food that is thoroughly cooked, discarding from the menu any article that is known to irritate the stomach during the process of digestion.

In the treatment of chronic cases our task becomes more difficult. The dyspeptic, like the inebriate, fully realizes the source from whence comes his joys and sorrows, still he continues in the indulgence of his appetite despite repeated resolutions of forbearance. The gormandizer, true to his inherited disposition, demands a remedy that will cure while he waits. Others expect that with

medicine we can contravene the laws of nature and restore health while the causes of disease are in full activity. In all forms of atonic dyspepsia a judicious and careful regulation of the diet to confirm, if possible, to every individual case is positively essential. In fact, it is the most important feature in the treatment. It is actually removing the cause, giving nature an opportunity to harmoniously repair the damage. Our failure in the treatment of many cases, no doubt, depends upon a neglect of this very important duty. Chronic flatulent cases of dyspepsia accompanied—as they usually are—with cardialgia, gastralgia, pyrosis and constipation, can generally be permanently cured in a few weeks if the diet is confined exclusively to cereals, milk and butter. As an auxiliary and stomachic in this form of the disease specific *nux vomica*, given before meals, is probably the best remedy in the list. To relieve the acid condition of the system, and also constipation, I have found no remedy equal to soda bicarb. given in 20 to 60 gr. doses after meals. To relieve chronic diarrhoea, caused by indigestion, confine the diet to one or two of the cereal preparations, well cooked and served with boiled milk. Should milk disagree with the patient substitute condensed milk. As a stimulating tonic in the last named case specific *nux vomica* combined with capsicum or *hydrastis can.* and *gentian* will be found beneficial. As an antiseptic for the alimentary canal *salol* is probably one of the best. I usually give it in combination with bismuth subnitrate. The latter for its soothing and mild, astringent effect. We find albuminuria present in a certain number of dyspeptic cases. These cases, according to my experience, improve more rapidly on a green vegetable diet in connection with cereals. An absolute prohibition of animal food, milk and butter possibly excepted, is decidedly necessary until every trace of albumin has vanished from the urine. Hydrochloric or lactic acid may be an essential remedy in

these cases. Of course, every case should be treated on general principles, the diet receiving the first, and medication the secondary consideration.

Providence, R. I.

The Puerperium.*

BY CHARLES E. KECK, M. D.

*Read at the meeting of the Massachusetts Eclectic Medical Society June 3, 1904.

The puerperium includes that period—in the childbearing process—between the termination of the third stage of labor and the complete involution of the uterus.

The dimensions of the uterus are remarkably changed when we come to consider that it has increased from 3 ounces—the normal weight—to 24 ounces immediately after labor; and that it decreases from a capacity of 400 cubic inches—during the ninth month of gestation—to a capacity of only one cubic inch when involution is complete. After delivery of the placenta and secundines, the uterus should present above the symphysis as a hard pyriform mass with fundus in the median line about the level of the umbilicus. By the tenth day, involution having proceeded normally, the fundus should be on a level with the symphysis.

The first essential to proper uterine involution is a free circulation through the vessels of the uterus and its adnexa. This is best insured by frequent change of position, with the occasional assumption of an upright position, so that the lochia may easily and completely drain away. To this we should add abundance of nourishing food. A binder may or may not be placed around the woman's abdomen, according as she prefers. If not properly applied it is a power for evil, and hampers free circulation. It should extend below the trochanters and above the umbilicus, and should be so placed as to give a gentle, firm, equal pressure all over the abdomen. After pains are generally due to retained clots or secundines, and may be

avoided by thoroughly emptying the uterus by means of Crede's method immediately after delivery of the child. The placenta should always be twisted during delivery, so as to gather all portions of the membranes.

Forty-eight hours after delivery the breasts have become enlarged, painful and tender. Their secretion is known to be changing from colostrum to milk. At this time great care is necessary in order that the secretion may be properly established. If left to themselves, the breasts will at this time often cake. But if the child has been regularly nursed, the breasts massaged and strict aseptic attention paid to the nipples, they will secrete fully. It is within the first few days that the mother experiences the most severe discomfort with tender nipples. They should be carefully washed with warm water both before and after nursing, then dried with a soft towel and a preparation applied, consisting of a mixture of equal parts of olive oil and sub-nitrate of bismuth. This substance dries on the nipple, leaving a coat which is slightly astringent, harmless to the child and prophylactic against fissures. Two other points I wish to mention in this connection: *First*, That the child should be nursed every four hours for the first two days, and no other food, such as teas and sugar and water, be administered. The colostrum is its efficient natural food and medicine at this time, and its action as a laxative is highly necessary to free the infant's intestines of miconium. *Second*, In regard to dressing the umbilical cord. It should be tied with a silk aseptic ligature and the stump dressed with bichloride of mercury gauze—1 to 4,000—with an incision in the centre, through which the stump is to be drawn. This should be well wrapped in antiseptic cotton or wool and a binder applied.

It is claimed to be a well authenticated fact that a septic cord is sometimes the cause of the death or sickness of the mother or child, or perhaps both. The mummifi-

cation of the cord is hastened and the danger of sepsis lessened if the contents of the cord are expressed toward the placenta before tying.

By far the most important object to be kept in view during the puerperium is the avoidance of septic infection. Realizing fully the dangers that threaten a woman at this time she should, without exception, receive more or less nourishment during the process of labor. The placental site is always a large, open, raw surface; the cervix uteri, the vagina and the tissues about the introitus are the seat of numerous solutions of continuity. Therefore, every lying-in woman is a patient upon whom a surgical operation has been performed.

The observance of all the rules of aseptic and clean surgery should be followed in order that we may solve the problem by which we are confronted, viz: Whether antiseptics and douching shall be used or not, and how it is to be used for the avoidance of uterine contamination.

A normal labor, conducted in a cleanly manner, requires no douching and no medicine, no binder and no injunction as regards diet. Nature usually provides her own safeguard, and a most efficient one is the normal secretion of the vagina—the system's best protection against infection. The patient must be educated in the importance of cleanliness about her person, her bed and her body linen. Both sheets ought to be changed every day for four days, and after that every other day until she leaves her bed. The external genitals and thighs must be washed every three hours the first day and then every six hours until the danger of infection has passed.

But when labor is abnormal, when instruments or the hand has been passed into the uterus, a hot antiseptic liquid should be passed freely into the uterine cavity. We generally meet the septic symptoms about the third or fourth day. The patient had a bad night, the nurse tells us. Take the

woman's temperature, notice the pulse, her tongue, her skin. Ask about her lochia.

If there is much variation from the normal suspect a septic origin and begin treatment at once. It may save you much anxiety and your patient several days of sickness.

Many of the chronic ailments of married women have their beginning in parturition. Involution of the uterus is not perfected. The heavy sub-involuted organ sags in the pelvis, its blood vessels are kinked, circulation is retarded and passive congestion ensues. The avoidance of these troubles is much simpler than their successful treatment.

Barnstable, Mass.

Lavage of the Stomach.

BY H. HARRIS, M. D.

Lavage or washing of the stomach consists in the introduction of water into the stomach and its subsequent removal, for the purpose of evacuating the gastric contents. Epstein of Prague was the first to introduce the practice into pediatrics, and to Seibert of this city, is due the credit of bringing it prominently before the medical profession of America.

Stomach washing is a most simple operation, requiring no especial skill nor complicated and expensive instruments. Two soft rubber catheters, a piece of Y glass tubing and an ordinary fountain syringe make up the complete outfit. To the perpendicular leg of the Y is attached the tube of the syringe. To each oblique leg a catheter, one No. 12, the other No. 16 American. The catheter which is not to be introduced is provided with a clamp, similar to the one on the syringe tube.

The fluids generally used are plain boiled water and a 1% solution of sodium bicarbonate. The temperature should vary between 100-110° F. and even warmer, depending upon the amount of irritation present.

The child is held in a sitting posture upon the lap of an assistant. His head should be held securely and his body protected by a sheet, preferably rubber, wound outside the arms to prevent struggling. The tongue is depressed by the forefinger of the left hand, and the catheter passed rapidly to the posterior pharynx, then gently down through the oesophagus. There is little danger of the tube entering the larynx, as those will appreciate who know how difficult it is to intubate. In a child from 12 to 18 months of age, about ten inches of the catheter should be passed beyond the lips. The tube having entered the stomach should be slightly elevated to allow any gas which might have been confined in the stomach to escape. The syringe is now connected with the glass tube, the overflow catheter clamped, and the solution allowed to flow into the stomach. The amount thus introduced must be regulated according to the age of the child. The stomach of a child at three months accommodates about 4½ ounces; at six months, 6 ounces; at twelve months 9 ounces, and at eighteen months, 12 ounces. Of course it is never wise to introduce the maximum quantity.

The proper amount having entered, the inlet is clamped, the outflow released, and by syphon action the water and gastric contents are evacuated. Small curds and mucus will pass through the catheter, while larger ones are broken up in the stomach by the action of the water. It not infrequently happens, however, that a large curd or other solid food will occlude the lumen of the tube; the latter must then be withdrawn, cleansed and re-inserted. Having syphoned out the contents, the procedure is repeated until the return flow is perfectly clear. One quart of solution usually suffices. Should there be great thirst, one or two ounces may be left in the stomach.

The question has often been asked, does not the prostration consequent upon lavage, render it impracticable and even dangerous in cases of extreme weakness? To this I would reply that I have never seen nor heard of any great prostration due entirely to the operation. In fact, my own experience has been quite contrary—in one instance a six-week's marasmic child appeared utterly unconscious of the procedure, sucking the catheter with evident relish.

In children under two years of age lavage is easily accomplished. Older children often struggle violently, gag and vomit, so that after the third year other measures seem preferable.

The indications for the stomach washings are as follows: Whenever the gastric contents must be quickly removed as in acute indigestion and in poisoning; cholera infantum with persistent and uncontrollable vomiting. In these cases lavage gives more relief than any quantity of medication; in chronic gastric catarrh—in this condition the stomach walls are covered with viscid mucus which inhibits the outflow of the gastric juice and prevents normal digestion. Daily washings with a warm mildly alkaline solution, such as a 1% solution of sodium bicarbonate, will dislodge and eliminate the mucus and restore the stomach to its normal condition.

New York City.

Antitoxin.*

BY C. J. HEMINGER, M. D.

*Read before the Pennsylvania Eclectic Medical Society, May, 1904

I believe antitoxin is one of our reliable remedies in diphtheria. This may be contradicted by the specific medicationists, but as Eclectics, I believe we should investigate all forms of treatment and accept truth wherever found.

I believe since the introduction of antitoxin that the mortality in diphtheria has been greatly reduced, and if the administration of antitoxin in place of being left as a last resort were given at the inception of the difficulty, the mortality would be still further reduced. It has taken a great deal of experimentation and research to produce and give to the profession a pure antitoxin which the profession can rely upon. It is now presented in convenient form for administration.

It is my experience that in many cases the first injection is not strong enough or that the second dose is not administered soon enough. Three to four thousand units repeated in eight hours, if the membrane does not clear up, has been my practice. I shall not take up your time theorizing as to the exact action of this, to my mind, wonderful substance, but will give you my experience in treating fourteen cases exclusively with antitoxin, except an occasional dose of strychnine, 1-30 of a grain, or a gargle with dilute listerine. Of the fourteen cases treated, four were given two to three doses, and one case five doses. No deaths; no paralysis. The cases ranged in age from six months to twenty-five years.

These results proved, to my mind, that antitoxin is our most reliable remedy in diphtheria.

Rockwood, Pa.

Surgery.*

BY L. P. O'NEAL.

*Read before the Pennsylvania Eclectic Medical Society, May 19, 1904

The subject assigned me is "surgery." I shall not discuss major surgery, but I shall call attention to a few thoughts on minor surgery.

What shall you take with you on a hasty call? A small surgical pocket case with all that is necessary in it, and one bottle of the tincture of belladonna, one bottle of tincture

of arnica, some old muslin and two rolls of roller bandages, say one-half inch and one inch and a half wide. Also a bottle of tincture of iron.

The first thing in wounds is to stop the bleeding by ligation or torsion and also by the use of your tincture of iron. Then cleanse the wound, draw the parts in apposition with sutures and with adhesive straps; then wash the wound and keep it continually wet with water, in which you have put your tincture of arnica and belladonna. Strength of the wash should be about one-half ounce of tincture belladonna to a quart of water, and one-fourth ounce of tincture of arnica to the quart of water.

Some time ago I was called to see a Mr. Nathaniel Weeks, who had been shot in the abdomen. I examined him but did not probe and failed to locate the bullet. I put him to bed. I called the next day, and he had passed feces and his urine. I found no blood in either, and, as he was resting well, I did not probe, but ordered rest and continued the treatment. In three weeks he was up and was soon well and is now in the City of Boston in business.

On the fourth of July I was called to see a young man by the name of Michael Gregor, who had shot himself with a revolver in the limb about four inches above the knee joint. I examined, did not probe, failed to locate bullet, put him to bed and under treatment. In a few days he was out, and I heard nothing more of his case for about a year, when I was sent for. I found him in the field with his wounded limb ankylosed at the knee joint, the patella partially out of place. I had the young man placed in the proper position and etherized him. Then I made an incision down the outer margin of the patella, and there I found the bullet he had shot himself with about a year before. It was flat. I removed it, and he has the full motion of his knee and is now well. I have cited these two cases to show the fallacy of probing wounds.

I have found from long experience the uselessness of operating in major surgery to get a proper flap to cover bone; for be it known that healthy bone will cover itself every time.

Mechanicsburg, Pa.

Therapeutics

Edited by

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

Dangerous Errors.

While looking over the medical journals which come to my desk I am often reminded of the fact that careless proof-reading leaves many openings for serious if not fatal results. The average printing house proof-reader is a man of great and varied intelligence, but as a knowledge of powerful drugs and their doses does not usually come within the field of his activities, he should not be trusted with the final revision of medical formulæ. Only persons possessing accurate knowledge of remedies and their doses are competent to read the final proofs of medical books and journals. This fact will, without doubt, be readily conceded.

In an otherwise good article, I recently found a prescription which provided for a dose of one-half grain of morphine to be taken by a child every hour for four hours. On carefully reading the last paragraph of the article, however, I was lead to believe that the author of the prescription intended to provide for a dose of the one twenty-fourth (1-24) of a grain, but through one of the peculiar freaks of the type-setting fraternity the figure 4 had been left out. One can readily imagine the result which would follow a child's taking even one of the doses recommended in the prescription. In another journal a prescrip-

tion appeared which provided for a dose of seven and a half grains of calomel every ten minutes! As I read the prescription I wondered what a patient would be likely to say to the doctor who had directed him to swallow calomel in such a reckless manner. Undoubtedly there would be "something doing" before the incident was closed. Evidently the writer intended to provide for the fraction of a grain as a dose. Still another dangerous error appeared in the same publication. One of the ingredients of a four-ounce mixture recommended was one-half ounce of the tincture of aconite, and the dose advised was one teaspoonful of the mixture every two hours. Obviously the author in writing the prescription used the drachm sign, but in "setting it up" the compositor unintentionally substituted the ounce sign for the sign employed by the writer.

Such errors as the foregoing are of frequent occurrence, but unnecessarily so. They could be avoided by giving proper attention to the details of proof-reading. An editor of medical literature who allows to be printed in his publication a formula containing powerful drugs assumes a responsibility of vital importance, and he should therefore, personally *know* that the prescription as printed provides for safe and proper dosage. If he cannot give his personal attention to this important detail, he should at least show a recognition of his responsibility by never permitting his publication to be sent to press until after some competent person had carefully revised all articles containing doses or formulæ.

Specific Medication.

In writing to the *Medical Arena* Dr. E. R. Waterhouse, the well known Eclectic and able contributor to medical literature, in part says:

"The practice of specific medication compels a physician to do his own think-

ing, and such thinking elevates the man, and lifts him to a higher sphere of manhood.

"The student, launching his professional being before the public, no longer is obliged to undergo years of humiliating reversals to acquire that experience necessary to become a successful practitioner, but thorough training in specific medication makes him successful from the very beginning. This training has taught him to think, and think hard, else he could not reach the coveted 'sheepskin.' * * * Of course, we have no remedies that are specifics for disease according to the old methods of diagnosis, nor do we make claims to such; but we do prove to the world that we have specifics for certain pathological conditions, that we single out in all diseases. Here is where the thinking comes in. We may find a dozen or more conditions in a given case, many or all of them depending upon a certain condition which we may term a primary wrong. We must think, and think, to be able to discard indication after indication, until we arrive at the wrong that upon which all other medicinal indications rest, and this is why the best thinker makes the best raw material from which to manufacture an Eclectic physician.

"With all of this knowledge of specific medication pounded into us, we would not be successful without the best remedies to back up our theories. No one can rise in the estimation of the public who employs him and use the common drug store fluid extracts; with all of his education and medical culture he is a failure, because those medicines will not give the required results."

Send for catalogue of the Eclectic Medical College of the City of New York, 239 East 14th Street.

Rare Tongue Symptoms.

In writing to the *Chicago Medical Times* Dr. W. S. Bogart, of Cleves, Ohio, describes some unusual conditions of the tongue, as follows:

"The first occurred in a young matron who complained of a severe backache, limited to the upper gluteal region, and corresponding to the distribution of the lower external spinal nerves. This pain was like that caused by a sprain, but accompanied ordinary fatigue; was intensified by a recumbent position and lessened by a semi-reclining posture. It was especially localized about the posterior portion of the iliac crest and generally confined to the left side. Accompanying it always was a peculiar condition of the tongue. This organ appeared of normal shape and size, but the side corresponding to that of the affected hip was a bright brick red, and clear of any coat, while the opposite side had a coating with its linear axis parallel to the long axis of the tongue, limited to the middle of one side and extending from behind forward as the pain increased. At such time the coat also broadened, never, however, reaching either the inner or the outer border of the side on which found, and varying from one-sixth to one-half inch in width. This coat was very dissimilar to any other described coating and was recurrently of similar character. It was a greenish white smooth coat, presenting a glairy appearance, thinned off to its edges, and thickening in proportion to the pain. The pain and characteristic tongue condition appeared several times, a few times the seat of the pain being shifted to the hip, when the left side of the tongue was affected. This decussation suggested an involvement of spinal nerves.

"The tongue language being unknown to us (Dr. Cooper and myself), we had to get at the trouble from the other end, and after a review of our materia, we con-

cluded as the pain was like that of a strain, to administer tr. arnica internally. The specific medicine was given in the usual dose, and after a few doses the coat and pain disappeared. Every recurrence was treated similarly with correspondingly good results. It should be added that in no instance was the pain present without the coating, and several times when the patient felt badly and before pain developed a very slight coat was discernible, which assumed the usual prominence with the advent of pain. Neither pregnancy nor other unusual constitutional condition, excepting a malarial tendency, existed.

"The other anomalous symptom was first noticed in a bilious patient. I found often that when the tongue had the yellow coating on base calling for podophyllum, on protruding the organ the point, which at such times was thick and blunt, deflected decidedly to the left and could not be extended in a line parallel with the linear axis of the normal tongue. General conditions suggesting sp. podophyllum and sp. nux v., these were always given, and two or three doses would straighten the tongue before the yellow coat had disappeared. I afterward found the same condition in two or three other patients with the podophyllum tongue and associated the nux v. with equally good results. I have never had a case where the tongue was deflected to the right."

Euphorbia Pilulifera.

Common Names.—Pill bearing spurge, Snake Weed.

Natural Order.—Euphorbiaceae.

Part Used.—The herb.

Description.—This plant is an ascending or prostrate branched annual. It is usually from one to two feet high, but it sometimes spreads over the ground not more than two or three inches high. The branches are somewhat reddish. Its leaves opposite, shortly stalked, and when fresh

of a fine, deep green in color, but brown when dried. The flower heads are globular, many flowered, and borne on a short stalk in one axil only of each pair of opposite leaves. Its seeds are reddish in color. An acrid milky juice exudes from the fresh plant.

Dose.—Fluid extract, 10 to 60 drops; infusion, wineglassful three times a day. The infusion is made by adding one ounce of the dried stalks and leaves to two quarts of water and boiling down gently to one quart. The following is a favorite prescription: \mathcal{R} Euphorbia pilul, fl. ext., \mathfrak{z} i, Syr. simp., \mathfrak{z} ii. M. Sig. Teaspoonful four times a day.

Usual dose.—Fluid extract, 10 to 20 drops every two to four hours.

Indications.—Paroxysmal, teasing cough, with nocturnal fits of asthma; tightness of the chest with difficult breathing; asthma; shortness of breath which is worse at night; labored breathing accompanied with cough; chronic bronchitis and emphysema; severe spasmodic cough; distressing cough with copious expectoration; chronic bronchitis with asthma; distressing cough of phthisis.

This agent constitutes a superior medicament in colds, coughs, asthma and all abnormal conditions of the respiratory organs. Its effects on patients suffering from asthma are marked and prompt, and afford much relief in a very short time. The dried leaves are sometimes smoked, by these patients with most satisfactory and prolonged results.

Euphorbia pilulifera is tonic, antispasmodic, anodyne, and, in large doses, narcotic. In very large doses it sometimes causes giddy sensations.

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Mangifera Indica.

A very interesting and instructive article on the above named remedy, written by Dr. John Fearn, of Oakland, Cal., appeared in the June number of the *Chicago Medical Times*. In part the writer says:

"The remedy which heads this paper I have long used. Its specific action I have proved so often that I never give it tentatively now, but I give it feeling certain of its action. In its own field there is no drug with which I am acquainted that I have more confidence in. What are the properties of mangifera? First, its chief property is that of an astringent. Like other members of this class, it contains tannic acid. But it does not, like so many of them, lead to constipation. This remedy seems to combine with its astringent properties the action of a sedative to mucous surfaces, soothing and astringing, and at the same time, as indicated by its taste, it is distinctly tonic, increasing vascular tonus, aiding the appetite and checking discharges, whether of mucous or blood, and never disturbing the stomach. It is also antiseptic.

"These properties, then, are the key to the action of mangifera indica, making it one of the very best remedies for the relief of catarrh of the head, throat, stomach and bowels, and for cholera infantum, dysentery, diarrhoea, leucorrhoea, and for checking hæmorrhage.

"*Specific Indications.*—The patient is in an atonic condition; muscular system relaxed; circulation poor; appetite poor; often anaemic; much depressed; the hæmorrhage is passive. Following this line of indications you may give this remedy internally with almost absolute certainty of relief. Let me illustrate:

"My first serious case was a severe case of hæmorrhage following abortion. There was no gushing of blood, but a steady and continual drain, so that it was becoming

serious. Ten drops of specific mangifera indica were given in water every two hours. The effect was remarkable; the hæmorrhage was stopped and the patient made a good recovery.

"In hæmorrhage of the lungs I have given it so often that I have learned to rely upon it in passive cases. Take one case, that of a young man suffering from pulmonary tuberculosis aggravated by the drink habit. The hæmorrhage was not heavy, but was continuous. I had helped him many times. One night when I was away from home they called for me. As they could not get me a neighboring physician was called, a man of more than ordinary resourcefulness. He had no success. The next morning I was called—mangifera checked it at once, as it had done before in his case. And in case after case of hæmoptysis, it has done more for me than any other remedy. I have had good results in hæmorrhage of the bowels. It not only checks the bleeding, but improves the general condition.

"Not long since a man called upon me complaining of pain in his back. His general health was below par. He said his urine was very dark. I procured some of the urine, and upon examination I at once diagnosed a case of renal hæmorrhage. The bowels were well flushed, and he was given six-drop doses of specific mangifera every two or three hours. The effect was speedily apparent, the hæmorrhage was checked, and the man's general condition was much improved. The hæmorrhages in my cases have been passive.

"In gynecological therapeutics it is a most valuable remedy. It lessens catamenial pain; cures leucorrhœal discharges, diminishes profuse menstrual evacuation, and corrects menstrual disorders in general.

Dysentery is also included within its field of curative action. In the case of a soldier invalided from the Philippines the bowels were moving very frequently night

and day, and the man was wasted almost to a skeleton. The discharges were largely pus and blood. The case had resisted all remedies employed in the military hospital, but mangifera checked the discharges, eliminated the pus, and caused the stools to become normal. In every case in which I have given the remedy the improvement in the general health has been marked. In the case of a lady who had an inflamed and painful throat, the soft palate, the fauces, and the whole surface of the pharynx were involved, very red, the follicles being much enlarged. Adding three drachms of specific mangifera to four ounces of water, I had her use a teaspoonful as a gargle, at first every hour and then less frequently as the case improved. She completely recovered. In nasal catarrh, where there is a heavy discharge and atonic condition, add one to three drachms to four ounces of water, and use as a spray or by snuffing up the nose, or by means of nasal douche. It will improve the condition of the mucous membrane and do all that can be desired. Be sure to get the specific indications. The tonic properties of the drug point it out as being a remedy pre-eminent in atonic conditions.

Ipecacuanha.

Dr. G. M. Aylsworth, of Collingwood, Canada, is an able student and thoughtful investigator of therapeutics. His writings always evince such careful preparation and generous liberality that they never fail to both interest and instruct his readers. In a recent article on "Internal Medication for Direct Remedial Effects," published in the *Canadian Journal of Medicine and Surgery*, the doctor incidentally refers to ipecac as follows:

"The laity, as well as all three schools of medicine, have long been familiar with its power to produce emesis, in large doses. It was this power that induced Hahnemann to

use it to cure vomiting in the minute dose. This use of it was made widely known to the regular profession twenty or more years ago by Sidney Ringer, and has been adopted by both regulars and eclectics. The *U. S. Dispensatory* says that 'Ipecacuanha, in small doses, is a stimulant to the stomach.'

"We will now assume a normal organism, and begin to administer the drug in gradually increasing doses. At first the dose is so small that no appreciable effect is produced, but at a certain point, as the dose is increased, a sense of warmth is experienced in the stomach. As the dose continues to increase, we have successively nausea, secretion of mucus, emesis, paralysis of overstimulation, the last effect being used medicinally by regular schoolmen to relieve dysenteric tenesmus. Now, assuming we have an organism in which the nerve force in the stomach is depressed enough to produce nausea and vomiting, we will begin to give ipecacuanha. In the minute dose which, in the normal organism, produced no appreciable effects, its stimulating or irritating action gradually raises the nerve force in the stomach to the norm, and nausea and vomiting ceases. Increase the dose and they will be reproduced from an overstimulated condition of the nerve force.

"Ringer wrote in his handbook: 'Few remedies are so efficacious as ipecacuanha in checking certain forms of vomiting.' As to the kinds of vomiting, he says that in adults they are (1) vomiting of pregnancy; (2) nausea and vomiting during lactation; (3) nausea and vomiting at menstrual periods; (4) the morning vomiting of drunkards; (5) morning vomiting of general weakness, met with in convalescents. Hare, in his 'Practical Therapeutics,' p. 235, 1897, confirms these observations. The one etiological element which is common to all these conditions, is the depressed nerve force of the stomach, manifesting itself by nausea and vomiting. Ipecacuanha, through its local stimulating effects, removes this eti-

ological factor, and thus makes directly for cure in all these conditions, so long as the dose is kept just too small to stimulate the stomach beyond the normal, producing overstimulation. In the latter event the symptoms would be reproduced.

"Should the nausea and vomiting be caused in the first instance by an irritant, overstimulation is already present, and therefore ipecacuanha, in any dose, is useless as a means of relief, if it does not increase the difficulty. If this be true of ipecacuanha, there are many drugs that act on the same principles. Does there seem to be any good reason why all three schools should not adopt all three methods of administration, where the interests of the patient dictate, and the characteristics of the drug permit, in the same way that ipecacuanha has been adopted?"

Summer Complaints.

In an article under the above caption Dr. W. C. Cooper, associate editor of the *Medical Gleaner*, forcibly presents vital and essential facts in reference to the management of the different forms of diarrhoea in the following manner:

"Now, the way to cure summer complaint, or any other curable disease, is to *remove its cause*. There are two principal predisposing causes which, generally, we cannot remove. One is an overheated atmosphere, and the other is bottle-feeding. We must simply mitigate these as far as possible. The immediate cause of summer bowel troubles, as *all* know, is indigestion. We all know, too, that drugs alone will not cure this indigestion. There is just one *main* thing to do. After making the patient's environment as favorable as possible, what we must do, is to *properly* regulate the patient's diet, after having swept out the bowels with a dose of castor or sweet oil. In many a case I have been called to see, the digestive power had been so far destroyed by wrong and over-feeding, that I have suspended all food

for 10 to 15 hours. Then I would commence with a weak gum arabic solution, feeling my way along. Your guide in increasing the amount of food, is the character of the stools. Keep the amount short of that quantity which causes the appearance of curds or flocculi. In most cases it is only necessary to highly dilute the milk in the start. Frequently I have commenced by ordering the food to be reduced to 7 parts water to 1 of milk, gradually increasing the strength as the digestive power improves, which it will *always* do. The principle is to *feed the child only what it can* digest, having strict reference to both quality and quantity. Instruct the mother to closely watch the stools and be guided by their character. If she has average common sense, she will quickly "catch on." Her natural impulse *always* is to feed the child to death. This you must squelch right in the outset by a few *tons* of iron-clad logic. Make her see that to over-feed is to *starve* her child to death. You can do it, and you must do it—the little one's life depends upon it!"

With almost constant crying and a persistent diarrhoea the temptation to give the child opium will be great, but don't do it. Before you were called sufficient harm had probably been done by the mother giving the patient laudanum, paragoric or some other preparation of this child destroying drug.

Ordinary coughs and colds are nicely influenced by the use of yerba santa, but chronic coughs, with bronchitis, are more positively influenced and cured with this remedy than with anything else.—*Summary*.

Send for catalogue of the Eclectic Medical College of the City of New York, 239 East 14th Street.

Society Meetings

Texas Eclectic Medical Association.

The twentieth annual meeting of the Texas Eclectic Medical Association, Galveston, Texas, Oct. 12 and 13, 1904.

PROGRAMME.

PRACTICE OF MEDICINE.

"Prevailing Diseases of Texas and How to Treat Them Successfully," by C. D. Hudson, M. D., Waco, Texas. "Five Minutes Obligatory talk on Practice with Clinical Reports," by Chas. Dowdell, M. D., Enis, Texas; D. W. Holmes, M. D., Belvue, Texas; M. E. Daniel, M. D., Honey Grove, Texas; K. R. Carter, M. D., Houston, Texas; W. M. Tucker, M. D., Flatonia, Texas.

Three minutes voluntary remarks by any member of the Association or visiting physician.

OBSTETRICS.

"Difficult Labor," by Mrs. M. W. Morey, M. D., Gonzales, Texas. "Five Minutes Obligatory talk on Obstetrics with Clinical Report," by Mrs. D. B. Tucker, M. D., Flatonia, Texas; J. W. Moore, M. D., Jacksonville, Texas; John Mitchell, M. D., Weyer, Texas; J. N. White, M. D., Queen City, Texas; S. D. Donaho, M. D., Sherman, Texas.

Three minutes voluntary remarks by any member of the Association or visiting physician.

SURGERY.

"Modern Technique with Clinical Reports," by E. L. Fox, M. D., Houston, Texas. "Five Minutes Obligatory Talk on Surgery with Clinical Reports," by G. Helbing, M. D., Bonham, Texas; J. T.

Hines, M. D., San Antonio, Texas; J. M. Watkins, M. D., Luling, Texas; W. E. Bridge, M. D., Gober, Texas; Geo. A. Taylor, M. D., Bettie, Texas.

Three minutes voluntary remarks by any member of the Association or visiting physician.

NEW MATERIA MEDICA.

"New Remedies and New Uses for Old Ones," by P. A. Spane, M. D., Paris, Texas. "Five Minutes Obligatory Talks on Materia Medica," by J. P. Rice, M. D., Fredericksburg, Texas; R. E. De Will, M. D., Caviness, Texas; Jason Tyson, M. D., Santa Anna, Texas; H. H. Blankmeyer, M. D., Honey Grove, Texas; T. F. Chandler, M. D., Gainsville, Texas.

Three minutes voluntary remarks by any member of the Association or visiting physician.

GYNECOLOGY.

"Diseases of Women with Clinical Reports," by Mrs. R. B. Gates, M. D., Waco, Texas. "Five Minutes Obligatory Remarks on Gynecology," by S. L. Segraves, M. D., Era, Texas; J. W. Richie, M. D., Caddo, Texas; E. H. Cowans, M. D., Crowell, Texas; S. F. Morrow, M. D., Blue Ridge, Texas; C. H. McCoistin, M. D., Leonard, Texas.

Three minutes voluntary remarks by any member of the Association or visiting physician.

MISCELLANEOUS.

"Pathology and Bateriaology," by M. E. Daniel, M. D., Honey Grove, Texas; "Psychological and Mechanical Therapeutics," by W. R. Fowler, M. D., Fleming, Texas; "Demonstrating the Adjustment of Glasses," by G. W. Johnson, M. D., San Antonio, Texas.

PUBLIC ENTERTAINMENT.

October 12, 8 P. M., 1904.

Benediction—Rev. J. K. Black, Galveston, Texas.

Welcome Song—Quartette.

To Galveston—G. W. Johnson, M. D., San Antonio, Texas.

Music—

Our School of Medicine—Prof. Finley Ellingwood, M. D., Chicago.

Solo—

American Flora and Eclecticism—Prof. J. U. Lloyd, Cincinnati, O.

Music and Song—

Oct. 13, 2 P. M.—Excursion on Bay.

Oct. 13, 5 P. M.—Annual Bath.

Oct. 13, 8 P. M.—Old Time Reunion at residence of Dr. and Mrs. L. S. Downs, Cor. N $\frac{1}{2}$ and 32. Take 33 or O. car.

RECEPTION AND REFRESHMENTS.

Executive Committee.—H. W. Gates, M. D., Waco, Texas, M. E. Daniel, M. D., Honey Grove, Texas, L. S. Downs, M. D., Galveston, Texas.

Reception Committee.—Mrs. G. W. Johnson, San Antonio, Texas, Mrs. Dr. M. E. Daniels, Honey Grove, Texas, Dr. Mrs. E. L. Fox, Houston, Texas, Mrs. Dr. C. D. Hudson, Waco, Texas, Mrs. R. B. Gates, M. D., Waco, Texas.

One-half R. R. rates.

H. W. GATES, Pres.

L. S. DOWNS, Sec'y.

In puerpural convulsions, one writer says, that he has never failed yet with tincture of stramonium, 20 drops, repeated in half an hour, if necessary.—*Summary.*

The Ohio Society.

The fortieth annual meeting of the Ohio State Eclectic Medical Association was held at Hotel Victory, Put-in-Bay Island, July 12, 13 and 14. The meeting was very successful in every respect, excepting that the attendance was not very large, due, possibly, to the fact that the National was held in St. Louis, and that this is the fourth year the society has met at Put-in-Bay. A large number of very interesting papers were read and discussed. An arrangement was made to secure stronger affiliation with five local societies in the State. During the first evening session Dr. Postle delivered his annual address, which was well received, and Prof. Lloyd gave a talk on Mexico. The second evening the annual banquet was held, followed by after dinner speeches and a dance. Twenty-one new members were admitted. The following officers were elected for the ensuing year: President, Dr. Chas. Gregory Smith, Cincinnati; first vice-president, Dr. Ivadell Rogers, Delaware; second vice-president, Dr. F. W. Schneerer, Norwalk; recording secretary, Dr. J. P. Harbert, Bellefontaine; corresponding secretary, Dr. John J. Sutter, Bluffton; treasurer, Dr. R. C. Wintermute, Cincinnati.

The next meeting will be held at Columbus, Ohio, the first Tuesday in May.

Milk is nutritious, economical, and with many, a favorite food; it contains, in easily digestible form, representatives of all the classes of nutrients required by the body, viz., proteids, fats, carbohydrates, mineral matter and water.—*Summary.*

In doses of 2 $\frac{1}{2}$ grains, in pill form, given at bedtime, oxide of zinc has proved valuable for night sweats in phthisis.—*Summary.*

Send for catalogue of the Electric Medical College of the City of New York, 239 East 14th Street.

Query Department

Conducted by
PITTS EDWIN HOWES, M. D.
Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

A.L.C.—Can you give me any prescription which will allay afterpains which sometimes are almost unbearable? Any information will be thankfully received. After pains are largely due to the formation of clots in the uterus and their expulsion after the birth of the child. The first essential in their alleviation is, therefore, to be sure that all of the uterine contents are expressed and that the organ is firmly contracted. The best method of obtaining this result is that known as "Crede's." Immediately after the birth of the child grasp the fundus of the uterus in your hand and gradually and firmly press the placenta out of the uterus and vagina into the world. Do not exert any tractive force upon the cord but just hold it sufficiently tense to direct the expulsion of the placenta. Just as it is emerging through the outlet of the vagina twist it upon itself so that you may remove all of the shreds of membrane that is possible. When this method is correctly performed afterpains are reduced to their minimum. Should you have any reason to expect the softening of the uterus the administration of ergot will cause the contracted uterus to remain firm. This should not be given as a routine treatment but only when demanded. I like the use of the macrotys and helonias, combined, very much indeed after my cases of parturition. I add ʒss to ʒj of each to ʒ aqua, administering ʒj doses every half hour or hour. I believe that it aids very materially in securing the

return of the normal tone of the uterus and its adjacent parts.

F. J. D.—Will you kindly render me some aid in the treatment of those sudden cases of infantile diarrhoea which are so apt to run into cholera infantum unless early corrected?

This is indeed a pertinent question and one which is especially applicable to this hot season. For some time past, in these conditions, I have been using minute doses of ipecac combined with mangifera and I have been very much gratified at the results obtained. I add gttsj or gttsij of the ipecac, gtts xv to gtts xxv of the mangifera to ʒiv aqua and direct that ʒss to ʒj be given the child every half hour or hour according to the severity of the case. You should always bear in mind that it is not well to check these discharges too suddenly. The gradual reduction of them is much to be preferred. Occasionally I add to the above or alternate with it a little capsicum and nux. both in exceedingly minute doses well diluted with water. This treatment with a careful supervision of the diet will prevent many cases of cholera infantum from materializing.

The teeth are responsible for much, but not for everything from which young children suffer. Unless the gums are considerably swollen it will do no harm to exclude the teeth as a source of trouble until it is found that no other cause exists for the abnormal conduct of the baby.

Dr. Brodnax says: "A good substitute for phenacetine is equal parts of bromide of ammonium and acetanilid. So far as sleep is concerned it is the better of the two."—*Summary*.

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Selections

Hay Fever.

For years the malady known as hay fever has been the theme of many an able discussion. Its etiology, pathology, prophylaxis and treatment often have been the subject of study and experiment by physicians, and also by intelligent laymen. The disease has been described as a catarrhal affection of the conjunctivæ and the mucous membrane of the respiratory tract, characterized by an annual recurrence at about the same date in a given case. Another view is that the disease is a neurosis, and that the local symptoms (rhinorrhea, sensory disturbances, etc.) are due to vasomotor paralysis.

The most conspicuous symptoms of hay fever are a burning and itching sensation in the nasal region and between the eyes; violent paroxysms of sneezing; a copious discharge of serum and liquid mucus from the nasal passages; profuse lacrimation; now and then, febrile manifestations; frontal headache; and in not a few cases, some asthma.

The diagnosis having been established the subject of prevention and treatment is of the utmost importance. It would be utterly useless and wearisome to attempt to review the list of remedies and the methods of treatment that have been proposed for this disorder. The interests of physicians and patients will best be served by a recital of facts respecting the most successful mode of treatment known at this time.

A glance at the list of symptoms and a brief consideration of the pathology of hay fever lead to the immediate conclusion that the chief indications are to check the discharge, allay the irritation that gives rise to the paroxysms of sneezing, reduce the turgescence of the nasal mucosa and relieve the stenosis. The only single rem-

edy that meets these indications is Adrenalin as represented in Solution Adrenalin Chloride and Adrenalin Inhalant. By stimulating the vasomotor supply it contracts the arterioles, and thus promptly and efficiently relieves all the annoying symptoms referable to vasomotor paralysis. By its powerful astringent action upon the mucous membrane, which it blanches completely in a few moments, it controls symptoms referable to a catarrhal inflammation of that structure. Indeed the results that have been accomplished with Adrenalin in this field alone are really remarkable and of the utmost importance. Parke, Davis & Co., who market Solution Adrenalin Chloride and Adrenalin Inhalant, have prepared a very complete treatise on the topic, which contains more information than is to be found in the average text-book. They will cheerfully mail a copy of the booklet to any physician applying for it.

Good and Seasonable.

A word about some remedial preparations which the busy practitioner will find always useful, particularly at this season of the year, will no doubt be of interest. First, we will mention the old time-tried antikamnia and salol tablet, so useful during the hot weather, when even the "grown folks" load up their stomachs with the first offerings of the season. Hare says: "Salol renders the intestinal canal antiseptic and is the most valued drug in intestinal affections." The anodyne properties of antikamnia in connection with salol render this tablet very useful in dysentery, indigestion, cholera morbus, diarrhoea, colic, and all conditions due to intestinal fermentation. Then the "triple alliance" remedy so well and favorably known by its self explanatory title, namely: "Taxative Antikamnia and Quinine Tablets." To reduce fever, quiet pain, and at the same time administer

a gentle tonic-laxative, is to accomplish a great deal with a single tablet. Among the many diseases and affections which call for such a combination, we might mention coryza, coughs and summer colds, chills and fever, biliousness, dengue and malaria with their general discomfort and great debility.

We cannot overlook our old friend the antikamnia and codeine tablet. The efficacy of this tablet in neuroses of the larynx is well known, but do all of our Doctor friends know that it is especially useful in dysmenorrhoea, utero-ovarian pain and pain in general caused by suppressed or irregular menses? This tablet controls the pain of these disorders in the shortest time and by the most natural and economic method. The synergetic action of these drugs is ideal, for not only are their sedative and analgesic properties unsurpassed, but they are followed by no unpleasant after-effects.

Conservatism in Advising Operations.

At the meeting in Atlantic City, the question of over-much operating was uppermost in many minds. While some recklessly demanded early and exceptionless operation, others more correctly represented true professional opinion in urging greater conservatism. One excellent authority said: "We have been living in an age of operations, and we have lost sight, in a large measure, of the importance of less violent methods. I find that many of my cases that appear at first to indicate the need of surgical treatment yield to medicinal treatment, so that an operation may be finally obviated." Most noteworthy was the statement made in the chairman's address, in the Section on Surgery. Dr. Powers said:

"In our choice of operation or no operation, we should, as Billroth suggested, ask the question, whether we would be willing

to undergo the operation ourselves. In the early career the surgeon is inclined to look at the ready results of operation, while in later years, he is more careful in his selection of cases, and in a third period of his career, is likely to limit himself to certain special conditions in which he has gained special skill. The responsibility of surgery is not equaled by an other calling, and men of the highest character are needed."

The last sentence hits upon the heart of the matter. In the willingness of the public to pay larger fees than for greater and more difficult service of the family physician, the modern surgeon is liable to be deceived, or to deceive himself as to the necessity of operation, and only a scrupulous conscience can prevent the growth of the evil. The general physician should not hesitate to have his own opinion, and to give his advice accordingly in cases of doubt.—*American Medicine*.

The Treatment of Serious Effusions.

Abstract of a Clinical Lecture Delivered at the Liverpool Royal Infirmary.

BY JAMES BARR, M. D., F. R. C. P.

The British Medical Journal, Mar. 19, 1904

The author describes what is evidently a new method of treating serious effusions. The idea occurred to him to inject one fluidrachm of adrenalin chloride solution into the pleural sac, in a case of abdominal cancer extending to the pleura, after the aspiration of a large quantity of bloody serum, the object of the injection being to lessen the secretion. There was no further secretion, consequently no further tapping and the patient spent the remainder of her life in perfect comfort, so far as her chest was concerned.

This treatment was extended to cases of ascites due to hepatic cirrhosis, in which marked results were not expected. How-

ever, the rapidity of secretion was diminished and no ill effects were noted, the quantity of adrenalin solution used varying from two to three fluidrachms.

In a case of pericarditis with effusion, in a lad, 19 fluid ounces of serum was withdrawn from the pericardium, but a reaccumulation rapidly followed. The patient's condition becoming critical the paracentesis was repeated, 20 ounces of fluid being withdrawn with immediate improvement in the quality of the pulse. Forty minims of solution adrenalin chloride, 1-1,000, was injected into the pericardium. The pulse at the wrist disappeared, the boy became of an ashy leaden hue and had an anxious expression. Immediately nitroglycerin and atropin were administered and the boy quickly rallied. No further tapping was required. The same patient had a subsequent attack of left pleurisy with effusion. Ten fluid-ounces of serum was withdrawn from the chest and one fluidrachm of adrenalin chloride solution was injected. There was no reaccumulation.

In a case of tuberculous peritonitis and ascites 200 fluid ounces of serum was drawn and two fluidrachms of Solution adrenalin chloride introduced into the peritoneal cavity, with four pints of aseptic air (to prevent adhesions). Thirteen days later 237 fluid ounces of serum was withdrawn and two fluidrachms of adrenalin chloride solution and two pints of air were injected. Upon a third occasion, eleven days later, 196 fluid ounces of serum was obtained by tapping, and three fluidrachms of adrenalin chloride solution and four pints of sterile air were injected. No reaccumulation of fluid occurred.

A female child of seven years was the next patient. One pint of fluid was withdrawn from her pleural cavity and one fluidrachm of adrenalin chloride solution and half a pint of sterile air were injected.

Though it was highly probable that the pleurisy was tuberculosis there was no reaccumulation of fluid and the patient recovered.

Appendicitis.

Dr. J. J. Brownson believes that there are three periods in which the operation for appendicitis can be safely performed. (1) At the inception of the disease before fever. (2) After the fever and distention have subsided and suppuration has taken place. (3) In the interval after all signs of inflammation have disappeared. He says that there have been more deaths from appendicitis since the operative method has been in vogue than during the expectant plan. He believes that this is due to interference being practiced at the wrong time. He concludes that the operation for appendicitis ought to be done in the primary or before fever period. The appendix should be removed, to guard against fulminating cases and those in which rupture occurs into the abdominal cavity. In the secondary period, after suppuration, drainage should be instituted and nature left to take care of the appendix. In the interval, after all symptoms of inflammation have subsided, the appendix should be removed. The operation ought not to be done in the intermediary period when there is fever and distension of the abdomen, because the danger from operation at this time is greater than the risk of the case becoming fulminating, or the abscess bursting into the abdominal cavity.—*Medical Summary.*

As an emergency treatment in uremia Dr. Grandin recommends glonoin gr. 1-20 every twenty minutes, digitalis for the heart, and 1-8 grain elaterium.—*Summary.*

It is said that one dram of Vichy and Kissengen alternately on rising, and ten drops of the juice of *phytolacca decandra* before meals, will reduce flesh fast.—*Summary.*

Light Therapy.

BY RUSSELL H. BOGGS, M. D.

The idea of using light as a therapeutic agent is ancient, but practical devices for the purpose are comparatively recent. Many centuries ago the value of sunshine and sun baths was recognized. Among the Romans exposure of the body to the rays of the sun was practiced not only for the curative effects on numerous diseases, but as a prophylactic measure as well. In nearly every Roman house space was arranged on the roof for a sun bath. In crowded cities it is practically impossible for the inhabitants to secure sufficient light and oxygen. This is the cause of many diseases. Practically the same result is produced on the body by the electric light when properly concentrated and applied as sunlight. The many cases treated in this way have proven this to be a fact. It is evident that it is the actinic rays of light, which are blue, violet and ultra-violet, that produce the most beneficial results. However, even heat rays have some influence, and must not be totally disregarded.

The greatest heat rays are beyond the red, called infra-red. After many experiments it has been found that yellow rays of the spectrum have the greatest luminous power, and the violet least. These several rays can be separated or filtered out from the compound rays of light by employing colored glass or other media. A solution of alum allows the luminous rays to pass, but excludes the heat rays. A hollow convex lens filled with a solution of iodine in carbon disulphide permits the passage of the heat rays, but excludes all luminous and chemical rays.

Red and yellow allowed to fall upon a mixture of hydrogen and chlorine produce no effect, while the violet rays would cause an explosion by inducing chemical action. All rays of light have the power of penetrating the body to a certain extent, but

the rays of longer wave length and the least chemical action have the greatest power of penetration. It has been shown by placing silver chloride in sealed tubes under the skin of animals, that it will be blackened when they are exposed to strong light, thus proving that the tissues can be penetrated by the chemical rays of light. The pigmentation of the skin is a protection against the chemical rays. White cows are sunburned the same as white people, while dark colored animals, as well as negroes, are protected by their color; the pigmentation that occurs with sunburn prevents recurrence. Even if the accumulation of heat is increased by the color of the negro's skin, the impenetrability to the actinic rays renders him better able to endure exposure to the sun.

In considering light therapy, the incandescent lamp has a place, but in most pathological conditions the electric arc offers by far the best means of securing the greatest number of chemical rays, as well as the highest value in radiant energy available from an artificial source. Sunlight is the cheapest source of photo-therapeutic energy, but it is not to be relied upon in our temperate zone, as its use would be restricted to a few hours on certain days. Then, again, the solar spectrum is so full of absorption bands that some of its rays are very small in quantity. The earth's atmosphere is a great absorbent of ultra-violet rays, and this action becomes enormous by the time the rays reach the earth. The light obtained by gas or oil is not worthy of consideration, as their actinic energy is extremely low, while the quantity of heat rays is very great.

The chemical rays of light can be localized and intensified by some form of a modified Finsen apparatus, or the entire body can be illuminated by an electric bath cabinet. The value of light is not, as many seem to think, confined to superficial diseases, but has a broader place in medicine, as has been shown in treating deep-seated lesions with a powerful arc. Actinic rays in too large

amount are injurious to the tissues, while the proper amount is beneficial, and the evidence which is rapidly accumulating confirms this.

The chemical activities of light have been shown in the treatment of pulmonary tuberculosis, as well as in superficial tubercular lesions. Nearly all cases treated by this method have shown improvement, which is more than can be said of medical treatment. Excellent results have been attained in the treatment of psoriasis, eczema, lupus, acne, tubercular joints, fistula, etc.

It has been found that solarization of the nude body by the sun and electric arc rays produced marked influence upon iron preparations after their internal administration. All the per-salts of iron, when in combination with organic matter, are converted into proto-salts. It has been proven that in many tubercular and anæmic patients to whom the different iron salts were administered, the blood count under daily exposure to the action of electric rays showed marked improvement in the matter of erythrocytes and hæmoglobin. The increase is very marked compared with the cases treated without the influence of light. Eskimo women suffer from amenorrhœa during the winter months.

Light acting on the surface of the body revivifies the corpuscles of the blood, combating the anæmia; increases the number of red corpuscles, thus improving nutrition, and restores the healthy tissue. The dilation of the capillaries of the skin produced by light is not a rapid process, which passes away quickly, but is really of long duration, and the result is in the determination of a more active supply of blood to the part, which in turn influences nutrition. During the operation of an arc light, ozone is produced in large quantities, which also has a marked influence. The healthful influence of mountain and seaside depends largely upon the amount of ozone present. Children who are more exposed to sunshine are much health-

ier and less subject to rickets, tuberculosis and other grave disorders. It has been said that cretinism is more frequently found in valleys where there is little sunshine.

The marked nutritive effect of light on plants is noticeable from the outset. Plant growth seems especially influenced by yellow rays. Ultra-violet rays increase flowering, while red light increases the aroma. Blue light retards growth. It is a well-known fact that the human system requires for its nourishment plenty of light and air. People who work in offices and stay inside nearly all their lives soon become bloodless and pale.

The use of the electric light as a powerful stimulant has been well established. If at the beginning of the bath the temperature is 80°F. in three minutes it will rise to 90°F., and in ten minutes to 115°F. The bath is well ventilated. After the patient is exposed to the light for two minutes, and the bath is now only 90°F., there is usually sufficient activity of the skin produced to start perspiration on the parts where the light is most intense. This certainly proves that the sweating is caused by the radiant energy, and not by the contact of the heated air with the body. Perspiration is profuse in from six to ten minutes. Besides the sudorific action of electric light on the skin, draining of water, salts, and excrementitious matter, there is a decided tonic effect. Certain degrees of nervousness and insomnia are benefited. In all cases the elimination of urea more carbon dioxide is eliminated than is increased. Under the influence of light when confined in the dark. The body loses more weight in daylight than at night, though equally quiet. Heile has shown when crabs were painted with dark varnish they would die quickly, but with light colored varnish they would not be affected.

In France the general electric light bath has been used successfully in promoting the absorption of exudates in the cornea of the eye. Very gratifying results have been ob-

served in promoting the absorption of exudates from the pleural and peritoneal cavities. Direct action upon chemical processes and stimulation of the functions of the tissues are the consequences of exposure to light. First of all, the effect is noticed on the skin. The skin is an exceedingly important organ of metabolism, and its functions are more often neglected than those of any other organ, as before stated.

It can hardly be expected that light acts as a germicide in deep structures, and this is not even necessary in order for it to be effective. Light is principally indicated in chronic disorders of hemogenesis, derangement of digestion and during convalescence from exhausting diseases. The specific effects have been observed in the judicious employment of light in the treatment of chlorosis, anæmia, scrofulosis, rheumatism, gout and some forms of neuralgia. Marked results have been obtained in auto-intoxication and the neuroses depending upon them. In nephritis electric light has been employed successfully. In treating the above, unmodified light, consisting of heat, luminous and chemical rays, is used. For skin affections, chemical rays only are necessary, while, on the other hand, in the treatment of variola the chemical rays must be excluded. In 70 cases Finnes found that by excluding these rays, when patients were only exposed to red light suppuration and suppurative fever, as well as pitting, were prevented.—*Archives of Electrology and Radiology*.

Pittsburgh, Pa.

The Treatment of Fractures

Davis (*Annals of Surgery*, May, 1904) does not favor the use of immovable dressings, such as plaster of Paris. Direct inspection once or twice a week is necessary to see that the fragments are in proper position. For the first 10 days some form of splint is always used. In cases in which the

tendency to deformity is lacking, fixed dressings may be used as soon as the acute symptoms have subsided. Should the displacement show a tendency to recur, the plaster dressing is often insufficient to overcome it. The swelling subsides and the plaster is no longer closely applied. If a plaster dressing is employed it should be in conjunction with the X-rays.

Silicate of soda makes a light, firm bandage which is cleaner and more available than plaster. A pint of the solution should be kept on hand always ready for use; it does not deteriorate. In preparing a bandage for application, a quantity of the silicate is placed in a basin and a gauze bandage passed through it and the surplus squeezed out. After its application the hand is dipped in warm water and the bandage smoothed down; the silicate dries in 24 hours. It may be cut open with a knife and laced. Large hooks are sewed on two strips of bandage which are then wet with the silicate, placed on each side of the cut, and held in place until they harden. Starch bandages are also warmly recommended.

Davis believes that a greater number of cases of simple fractures deserve operation treatment than receive it. Among such are fracture of the neck of the femur in people under 55 years; fractures of the upper third of the femur and some other portions; fractures of the patella and olecranon. In some fractures of the leg division of the tendo Achillis is useful. In bad fractures of the clavical wiring is not a dangerous procedure. In elbow fractures in which ankylosis is unavoidable, a resection will give a movable joint and a much better result. An inability to sufficiently reduce the fragments is an indication for operation.

Non-union results from misplaced fragments and also excessive callus. Davis believes that nerve lesions are almost always due to direct injury of the nerve at the time of accident to its being stretched over the edge of a fragment. External callus is

largely due to misplacement of the fragments. In fractures in the neighborhood of joints, if the fragments are in good approximation and the joints are kept quiet the inflammatory effusion and the callus is kept at the minimum and the joints soon limber up when restraint is removed. Restoration of function can be hastened by baking. Before using hot air the presence of tuberculosis should be ruled out, as in these cases it is distinctly harmful. In most cases massage should be employed from the first. The value of the application of lead-water and laudanum is overrated. The use of wet dressings favors the formation of blebs by macerating the skin. A thin layer of cotton under the bandage will be more acceptable than a moist dressing. A favorite application is lint moistened with equal parts of glycerine and water. No impervious dressing is used. The ambulatory treatment is not recommended except in cases in which it is necessary for the patient to move about. —*The Therapeutic Review.*

An Obstetrical Assistant.

The wide range of usefulness of Hayden's Viburnum Compound in obstetrical practice should make for it a place in every Obstetrical Satchel. In many instances the physician is not called in until threatening symptoms manifest themselves, which to the trained obstetrician points to abortion. Unless prompt action is taken premature birth will result.

"H. V. C." exerts a sedative effect upon the nervous system and controls uterine contraction and hemorrhage. Through the three stages of labor its usefulness manifests itself; the spasmodic rigidity of the os is relaxed; after-pains and dangerous flooding are controlled; and in all it is a most important addition to the obstetrical armamentarium; it is not a narcotic and its dangerous after effects.

Items

If you have not received the antikamnia tablet pin and ash tray, send for it. It is a neat souvenir. —

H. V. C. is a familiar adv. The originator of the formula, Dr. W. R. Hayden, was a graduate of the Eclectic Medical College of the City of New York, and for many years a regular attendant at its alumni meetings. This viburnum compound has had many imitators. When writing for it be sure and mention "Hayden's." —

Our young friend, Dr. F. Hollander, "slid down the cellar door" and fractured his arm. —

Dr. O. A. Perine has been so overworked by his enormous practice in Brooklyn that he has been forced to take a long vacation. —

The Doctors Muncie have been doing a great deal of good work at their Summer Sanitarium at Muncie Island. Fine place to spend your vacation. —

Did you notice the new names in the catalogue—Lloyd, King, Shultz? —

Oshlag and the Cosmopolitan still house hunting. It is a case of slow but sure move. —

Have you seen a copy of Wilder's History of Medicine? Every Eclectic should own a copy. "Wilder's History" and "Fyfe's Materia Medica" until September first. \$3.00. —

The Bovine Company of 75 West Houston St., has a most excellent preparation. If you have not tried it send for samples. They will be freely furnished. —

"The Medical Arena" published in the interest of the Eclectic Medical University of Kansas City, Mo., is a neat, wide-a-woke Eclectic Monthly. S. C. Delap, M. D., is the editor and S. F. Marsh, M. D. and E. R. Heath, M. D., are the associate editors. Eastern Eclectics should subscribe for it.

THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

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College Opening.

Wednesday, September 28th, we expect to start the session of 1904-05 at the Eclectic Medical College of the City of New York with a fine class.

Our convenient building and increased clinical facilities should make this, and we have no doubt will, the best session we have had in many years.

The New Eclectic Medical Gleaner.

The Gleaner will, with the January, 1905, issue, take its place, as one of the publications of the Lloyd Library. It will appear as a bi-monthly of eighty pages of reading matter, and will be under the editorial management of Prof. H. W. Felter of Cincinnati. With this change the Gleaner should become a power of good for the eclectic school as a whole, as a publication of this great Library (for this institution occupies a unique place). Of its kind it is the most complete in the world, and is constantly being consulted by scientists from almost every country. This publication therefore, should occupy a position on a par with the bulletins of the library, which have appeared from time to time and which reach all the great libraries of the world.

It should be a reflection of all the good and advanced thought of this American reform school. A compendium of therapeutic knowledge, on the broadest eclectic plan. Its editor is a learned therapist and has shown his ability as the revisor of the American Dispensatory and editor of Eclectic Manual No. I., Syllabus of Eclectic Materia Medica and Therapeutics, etc.

If he will give to the Gleaner the same care he gave to these great works, we will not be disappointed in him. We expect the new Gleaner will give special attention to the study of the American flora,

not only in the line of therapeutics, but historically, and when the remedies which the Eclectics have been prescribing for years suddenly awake enthusiasm in our old school friends and are described as new remedies by them, that it will take occasion to publish the facts, together with names and dates. Every Eclectic East, West, North and South should be a subscriber.

Thou Shalt Not Steal.

In an editorial by Dr. Frank Lydston in the New York Medical Journal we find the following: "If medical men patented their inventions a stop would be put to the prevalent practice among medical men of stealing the ideas of others and publish them as their own. It would no longer be possible for the purloiner of surgical ideas to transpose a couple of screws in a valuable surgical invention and coolly publish it as his own."

Can it be possible that this is the prevalent practice among physicians?

No, indeed not. We will admit the correctness of Dr. Lydston's statements, as far as the Allopathic School is concerned, for we have often wondered that so many surgical instruments differed from each other only in the name of the inventor and perhaps the one or two screws mentioned by Dr. Lydston, or perhaps a slightly changed curve of the handle; but we have always thought that this was due to the fact that the various inventors were suffering either from amnesia or that they were ignorant of the instrumentarium on the market, but we are willing to bow to Dr. Lydston's superior knowledge of the calibre of his allopathic confreres, and will accept his view of the matter that it generally is plain stealing.

A. W. H.

Tempora Mutantur.

That times change has again been proven to us by seeing in the New York Medical Journal of September 3rd a signed editorial article by Dr. G. Frank Lydston, in which the right of the physician to patent his own ideas is warmly defended.

While Eclectics have always so held, our allopathic brethren have officially been opposed to this and we are sure that only a few short years ago the article in question would not have been given space in the New York Medical Journal, much less been placed in the editorial columns.

We do not wish it understood that we have any fault to find with the New York Medical Journal, or that we do not heartily agree with what Dr. Lydston says. We are pleased to congratulate Dr. Lydston for the opinions expressed in his article and we wish to congratulate the New York Medical Journal for the courageous stand it has taken in permitting such liberal views to be voiced in its editorial columns.

We feel that we can offer Dr. Lydston the hand of Fellowship, for a man who can express views so diametrically opposed to the old style Code of Ethics of the Allopathic School is a true Eclectic in everything but name. A. W. H.

Examining Children.

In dealing with sick children it is absolutely necessary to secure their good will, as it is next to impossible to make a satisfactory examination of an angry, frightened or crying child. In order to secure their confidence, however, it is often necessary to exercise a considerable tact, as well as no small degree of patience. If the doctor does not naturally possess these valuable characteristics it will never do to try to supply their place by lying to the child, or making it promises

which cannot be kept, for it will soon discover that it is being deceived and acquire a decided dislike for its medical attendant and this dislike will be very hard to overcome. This being the case, it is always good professional policy to begin with every child in a truthful, kindly and simple way, as a great deal depends upon the manner in which it is approached. If the doctor approaches a child as he would an adult, he will probably fail, but if by some pleasant child-like device he secures its friendship it will soon enter into conversation with the doctor, and thereafter give him but little trouble while making necessary examinations. Every child has some sort of a toy. If before attempting an examination the doctor notices the toy and appears anxious to know just how it works he will many times secure the child's confidence and find himself being shown how to make the top go around, during which time much of the examination can be made without the child realizing what is being accomplished. I once knew a doctor who always talked to his baby patients, asking them questions and telling them how their cases were progressing, how to take their medicine and how to regulate their food. He usually closed his remarks to the infant with something like the following: "Now, baby, I more than suspect that your mother has been listening to our conversation and that she understands my directions even better than you do. A very inquisitive person is your mother." He was a good physician and had but little difficulty in examining his young patients. In a case requiring an examination of the throat that part of the inspection should be left until the other part of the examination has been completed. It is well to think of these little things, for mothers are very likely to call the doctor who is the most pleasing to their children.

J. W. F.

Clean the Thermometer.

I have often observed with feelings far from pleasant the manner in which some doctors employ the thermometer. In a recent case, after taking the temperature in the rectum of a baby the doctor dipped the thermometer in cold water, wiped it on the bed clothes and placed it in its case. He then learnedly discussed the baby's illness and its cause, giving considerable attention to the influence which the poor ventilation of the child's home might have had in producing it. He was a firm believer in the germ theory of disease. While listening to his remarks I could not help wondering what effect the germs just placed in his thermometer case would have on his next patient. His case was prepared in the usual way—that is, with a small amount of absorbent cotton at the bottom, and well calculated to preserve the germs for his other patrons. Of course such unclean conduct as this is not often met with, but carelessness in the use of the thermometer is altogether too common. The physician cannot be too careful when using the instrument, for it can easily be made an element of danger. It should be thoroughly cleaned every time it is used. It is a good plan (and it makes a good impression on the patient) to wash the thermometer in the left-over medicine before using it, and after taking the temperature, if no disinfectant is at hand, to cleanse it with soap and water. After reaching the office it should be cleaned with some disinfectant.

J. W. F.

A New Eclectic Journal.

The first number of the *Los Angeles Journal of Eclectic Medicine* has been received. It is published by the Los Angeles Eclectic Publishing Company and edited by Dr. O. C. Welbourn and his assistant, Dr. Evangeline Fox. Eight well

known Eclectic writers are announced as special contributors. The *Journal* is neat and attractive, and filled with well written and interesting articles. Dr. Welbourn, in his salutatory, says: "Primarily we shall foster the interests of the Southern California Eclectic Medical Association, but we would call the reader's attention to the location and prominence of our special contributors to indicate to him that our horizon is not limited to the possibilities of the physical eye." A department of Eclectic news constitutes an attractive feature of the publication. Among other items of interest to Eastern Eclectics in this department we find the following: "Dean Boskowitz and his faculty are very proud of the Eclectic Medical College of New York, and they have reasons to be, as they now have one of the finest and best equipped medical institutions in the land—a credit to modern American medicine. We congratulate them most heartily and wish them the unbounded success they so well deserve." Dr. M. B. Ketchum is the business manager, and if you will send him one dollar he will send you the *Journal* for a whole year. Better do it now, doctor—it is well worth the money. His address is 315 Lankershim Building, Los Angeles, Cal. An abundance of success to your efforts, brothers of the land where "life is one long sweet dream."

J. W. F.

In acute urticaria sodium phosphate in dram doses after meals or oftner, is one of the best remedies. Dr. A. A. Smith recommends sodium salicylate, two grains for children every hour and a half.—*Summary.*

To remove moles, apply with a splinter of wood, a small quantity of nitrate of mercury, carefully avoiding the sound skin.—*Summary.*

Original Articles

Prenatal Influences and Maternal Impressions.

BY LILLIAN G. BULLOCK, M. D.

Read at the meeting of the Massachusetts Eclectic
Medical Society, June 3, 1904.

The young practitioner who seeks the modern medical text book for a solution of all the difficult problems that are brought to his notice, is doomed to many disappointments. He can find page after page devoted to some difficult surgical operation, or in description of the well-defined diseases. But there are many, very many little practical points, little things which seem trivial, but which are, nevertheless, very important—for life's experience is made up almost entirely of so called "little things"—about which the text books give us absolutely no assistance.

I have many times met disappointment in this way and colleagues have told me of the same experience. I had been practising but a short time when I began to receive pointers from the grandmothers and aunts of my patients. Many of these so called old women's whims were troublesome and valueless, but some were of decided merit. I sought for confirmation or negation of these statements in my text books, but in vain. Especially did I find my books on obstetrics unsatisfactory. Ample space was given to the anatomy of the pelvis, to symptoms and diagnosis of pregnancy, to the mechanism of labor in its various phases, to abnormalities and the puerperal state, but is this all the physician should know on the subject? If he attends to the health of the mother during gestation, and, following nature's lead, brings her safely through her labor and puerperium, has he discharged his whole duty? Has he no ob-

ligation to the child during intra-uterine life?

For centuries there has been a firmly rooted belief among the laity, that the prospective mother has the power to "mark" her child, and this fear has destroyed the peace of mind of countless women. But upon this most interesting and important subject, the text books are dumb. Why is this?

It is acknowledged by excellent authorities, that the character and mentality of the individual are influenced by the forces surrounding him previous to his natal day.

There are three powerful forces that shape the destiny of each individual, these are *heredity*, *pre-natal influence*, and *early environment*.

Many instances can be cited of the law of heredity, and we physicians can easily prove the biblical injunction that "He visiteth the iniquities of the fathers upon the children even to the third and fourth generation," and many remarkable instances of resemblances of child to parent are evident to the least observing. Again the biblical saying, "A good tree bringeth forth good fruit," is exemplified before our eyes every day, as well as the fallacy of hoping to "gather grapes from thorns and figs from thistles."

But positive and well established as is this influence upon the life of man, it is by no means the only destiny shaping agency which operates before the child is born. The general environment, the mental attitude of the mother and the moral and intellectual influence in which she spends the months before the infant's birth, exert a very positive effect upon the life of the offspring—an effect which has been but little considered, owing to the almost universal silence pursued by civilization on all questions relating to proper generation.

There is no excuse for the physician remaining silent upon the subject. Every child has the right to be well born. And I hold it our duty to work for the unborn child and, by so doing, effect a greater benevolence for the race than can an army of Carnegies.

Many people discredit the power of prenatal influence because they have observed in some cases characteristics which seemingly contradicted its claims. These however will nearly always, if not invariably, be seen to be due to powerful hereditary traits transmitted by one or both parents, or to early environment, which also has much to do with the shaping the bent of mind, the character and the desires of life.

We cannot deny that diseases of the mother can be transmitted to the child in utero, and we note the similarity in form and feature and mental characteristics between parent and offspring. Why then is it absurd to ascribe certain physical defects in the child to morbid mental influences on the part of the mother?

Many remarkable cases are classed as coincidences, but it seems to me that it requires greater credulity to look upon them as coincidences, than it does to regard them as the result of some, as yet, unrecognized natural law. I believe it the wiser course to endeavor to discover this law and trace its operation than to dismiss the cases as medical curiosities.

At first sight it seems impossible that abnormalities in the growth and development of the foetus can be caused by purely mental processes, but when facts of this nature can be counted, not singly or by dozens, but by scores and hundreds, we are forced to believe that possibly they are not mere coincidences, but may be expressions of etiological law.

In this age when the society for psychological research has placed the sanction of science upon many phenomena, that for-

merly received only jeers from the so called scientific, can we afford to disregard any phenomena, simply because we cannot trace the etiological connection? It behooves the doubting Thomases to use their scoffs with greater discretion lest their ignorance revert to their own confusion.

As a specimen of the arguments brought against the theory of prenatal influence, I quote the following from an article in the *Medical Age*, as follows: "It is as utterly impossible for a mother to mark her child in utero as it is for a fowl to mark the young that is in the eggs under her." "When we advocate such an unscientific reasoning as the possibility of a mother transmitting nervous impressions to her young in utero, we show to the world that we believe in ghosts, and not in the progressive science of the age." Stop gentlemen and consider that there is not the least nerve communication between the mother and her child."

In the *New York Medical Record*, Dr. R. Osgood Mason made the following reply to these arguments: "As an example of those who may fairly be supposed to have the honor of science at heart and yet have ventured to entertain views at variance with those of our author, I would mention the distinguished John C. Dalton, M. D., of New York, who states in his treatise on "Human Physiology."—"There is now little room to doubt that various deformities and deficiencies of the foetus, conformably to popular belief, do really originate in certain cases, from nervous impressions, such as fear, disgust or anger, experienced by the mother." From the well known effect of various emotions, or of nervous shock upon the circulation, as shown in the face, the brain, the uterus,—and as might be added upon milk and

other secretions, as well as upon the functions of excretion and evacuation,—Dr. Dalton argues that as the foetal circulation is dependent to a great degree upon the material circulation, and as the nutrition of the foetus is provided for wholly by the placenta, nervous impressions or nervous shock received by the mother may be reasonably supposed to produce the effect referred to through the placental system of circulation and nutrition. This is a method of conveying the effect of nervous impressions to the foetus not possible in the case of the hen and the eggs in the nest. No intelligent observer supposes that deficiencies, deformities, or other birth marks are produced in any other way than through the medium of the circulation, nor do they see “witch foot prints” in the process but only the operation of natural laws. In regard to well authenticated facts on this subject, a theory has been devised which science can accept. By these facts it is established that mental impressions received from some other person or from some strongly dominant idea, are capable of effecting the vaso motor system so as to produce the effects of vesication, stigmatism, and blood exudation—effects which a few years ago were relegated by science to believers in ghosts and seers of “witch foot prints,” but which are now accepted and respected as facts. As in these cases the effects are produced upon the person who received the impression, objection might still be raised to applying the same reasoning to effects produced by maternal impressions upon the foetus in utero. The following questions might then be properly considered, namely: Can nervous, or any personal, or vital influence extend beyond the limit of actual nerve supply? Is it a fact that, independent of obvious conditions,—such as cleanliness, health, beauty, intelli-

gence, or the influence of sex,—many persons of sensitive nervous organizations, coming in contact with, or even into the presence of some persons entire strangers, are agreeably and pleasantly affected, while the presence of others is disagreeable and even painful? Is it true that such close sympathy or relationship may exist between two persons that, being separated from each other by such a distance as to render perception by ordinary means impossible, still some violent mental emotion, or sense of danger or injury received by one is perceived by the other at the same moment? Is it true that the same relationship may be so powerful that at the moment of the death of one of the related persons, such an effect is produced upon the other, that a visual perception of the dying one is distinctly received? If facts exist, bearing affirmatively upon these questions, and consequently upon the theory that impressions may be received from sources entirely beyond the limit of nerve supply, it bears an important relation to the subject of the effect of maternal impressions upon the foetus, and, taken in connection with the established fact of the effect produced by mental impressions upon the vaso motor system, furnishes reasonable ground for an argument in favor of the theory that birth marks may be caused by maternal impressions.”

Periodical medical literature is bountifully supplied with records of cases bearing on this subject, from which I present the following: In the Medical Record, N. Y., Sept. 28, 1895, F. W. Maloney, M. D., of Rochester, N. Y., reports a case in which he lanced a whitlow about the left thumb nail in a woman six months pregnant. At delivery the left thumb of the child was bifid the distance of the first phalanx. He had no doubt that this was a clear case of maternal impression.

In *Medical Record*, N. Y., Feb. 25, 1899, Edwin I. Thorn, M. D., of Salt Lake City, reports the case of a child well developed in every way except deformity of right hand and arm—consisting in flexion of the arm with ankylosis at the elbow joint, also absence of thumb on that hand. During pregnancy the mother had been daily associated with her father-in-law, who had suffered a paralytic shock some years previously, and always carried his right arm in a sling, with the palm toward the body and the thumb falling down out of sight.

In *New York Medical Journal*, Oct. 8, 1898, Francis L. Stransky, M. D., of New York, reports a case of spina bifida which formed a large tumor over the sacral region, also that the left inguinal ring was very large and patent, allowing the abdominal contents to pass freely into and out of the scrotum. The mother met with an accident at between the tenth and fifteenth week of pregnancy. While hanging a curtain over a door, she fell, striking her back on the edge of a stove, then fell against a chair contusing her left groin. The mother was firmly impressed that the child would be deformed.

In the *New York Medical Journal*, Aug. 16, 1887, Dr. Lester Keller of Peabody, W. Va., reports a case of a woman one month pregnant, who was frightened by a negro with a deformed right foot. She became positive that her child would be deformed and worried constantly about it. When delivered the child had talipes varus of the right foot.

Dr. Thomas L. Steadman of N. Y., in *Medical Record* of Jan. 1, 1887, records the case of a very pronounced talipes varus of the left side. The mother said that very early in her pregnancy, her husband was brought home one day having fallen and broken his ankle. As she saw him brought into the house, his shoe

and stocking having been cut off, she noticed the foot turned to the left side. It naturally startled her considerably and for months she dwelt upon the occurrence, having the picture of the displaced foot always in mind.

Dr. Augustus Hess in the *British Medical Journal* Sept. 1, 1877, tells of a young married lady, in France, who lived in constant fear that her husband, who was a man of obstinate will, would fulfill a threat which he had made to chop off the thumb of his left hand in order to avoid military service in case he was conscripted. While this fear still preyed on her mind, she became pregnant and gave birth to a child who was well formed in every way except that the thumb of the left hand was missing.

Mr. B. O. Flower relates a marked instance of prenatal influence in the family of a leading actor and actress who are also great students of economic and philosophical problems. During the nine months, preceding the birth of one of their daughters, the mother became engrossed in Herbert Spencer's writings, and other deep literature. She lived in a kind of mental intoxication. The child reflects the mother's mental condition in a most striking manner. She is a born philosopher, and a poet and story writer of great promise. At school her teacher refused to believe she had written her composition, ascribing it to her parents, and to punish the child marked her zero for work that so far eclipsed that of other children that it was deemed impossible that it could be the product of a child mind. At last the broken hearted girl asked the teacher to give her a subject and let her write upon it in school. This was done and to the amazement of the teacher, it was found equal to the former work. Another child came to this home under most favorable conditions. The

mother was in a most joyous frame of mind. She was rehearsing and playing during the earlier months of pregnancy, a cheerful, lovable and winsome character, and the little girl is a reflex of this character. She is a veritable sunbeam, her heart goes out in love to everyone, and, as would naturally be expected, she is a general favorite among young and old.

How much the assumption by his mother of the roles of Ophelia, Cordelia, and other sad, gloomy and trying personations had to do with imparting the profound melancholy to the mind of Edgar Allen Poe, will never be known, but the fact remains, that the mother lived in the somber intellectual atmosphere essential to a proper interpretation of Shakespeare's great tragedies during the earlier months before the birth of the poet, who, himself, was in so many respects a seeming counterpart of the Hamlet of Shakespeare's imagination.

The results of the maternal impressions upon Napoleon Bonaparte, and upon Robert Burns are well known examples of this law of prenatal influence.

If the mellennium is ever to dawn on man's horizon, it must be brought about by educating the mothers to understand the tremendous influence which is their's to wield if they will.

I am convinced that a strong and continuous current of thought in a fixed line, and having for its object the definite purpose of affecting the mentality of the child in a certain direction, will not be without result. Thought radiates continuously from each, for good or ill. It influences matter and passes from mind to mind with greater or less facility. This is acknowledged by scientists and philosophers.

Acknowledging then that thoughts are actual things, and that maternal impres-

sions produce both physical and psychical realities on the unborn child, what a tremendous responsibility, what a power for good or ill, expectant mothers exert!

Manchester, N. H.

Hypertrichosis.

BY ALFRED WALDMEMAR HERZOG, PH.B.,
A. M., M. D.

While it may be disputed that beauty is only skin deep, yet it can not be overlooked, that the lack of it in the skin will mar the beauty of the form divine, which is to be interpreted to mean the form human, and while we may admire a beard on the face of a man, yet even a few hairs on the female face will be sufficient to make its owner shed bitter tears.

Superfluous hairs on the face of women are very common and universally disliked, and many are the means and methods that are tried to remove them.

Among these means must be mentioned the scissors and razor, the epilating forceps, depilating powders and lotions, electrolysis and the Roentgen Rays.

Yet superfluous hairs in some circumstances are an eye-sore not figuratively speaking only, but in fact; for we have a disease of the eyes, called trichiasis, in which the eye lashes growing toward the eye ball are a constant source of irritation to the conjunctiva and cornea and cause not only conjunctivitis, but also pannus keratitis and sometimes a total loss of vision.

So it must be seen that the removal of superfluous hairs is a question not always demanded for cosmetic effect only, but that it is of grave importance to remove such "wild hairs" as they are sometimes called in common parlance, permanently from the eyelids.

It is commonly conceded that while the scissors, the razor and the epilation forceps are excellent means to remove the

hair temporarily, the use of these instruments really stimulates the growth of the hair and is not a satisfactory means for the cure of hypertrichosis.

As to the various depilatories, these seem to me to act much better in this respect, for frequent trial with some of them has convinced me, that although their action is by no means permanent, yet I have not found that their use causes an increased growth of hair.

Of course it can not be denied that in some persons, who have started the use of depilatories some five or ten years ago, the growth of hair on their upper lip or chin is denser and coarser at present than it was some years before.

Yet while these sufferers are inclined to blame the depilatories for this, it must not be forgotten, that it is quite likely that even without their use the growth of hair would have reached the present luxuriance, for it is a fact, that hypertrichosis once started has a tendency to increase.

There are a great many different kinds of depilatories in the market, both in powder and in liquid form.

The very best however consist only of Barium sulphide which is either used in a saturated solution, or which is mixed with corn starch and when to be used mixed with a little water so as to form a paste.

If to be used in the fluid form, the barium sulphide need only be poured into a bottle, and the bottle filled up with water and shaken.

After a little while the solution is to be filtered and is then ready for use, although it can be used without filtration.

To use the solution, it is applied to the parts to be freed from hair with some absorbent cotton, or blotting paper maybe soaked in the solution and the wet paper applied to the parts for a few minutes.

Five minutes will generally be sufficient.

Then the skin can be wiped with a soft rag, without rubbing, or the hair can be removed by means of a card or a dull tableknife.

When all the hair has been removed, the face must be washed with water, so as to remove all the remaining solution and then some mild emollient, as for example glyco thymoline, or glycerine and rose water or cold cream may be applied.

If a paste is to be used, about one part of the Barium sulphide is to be mixed with from seven to ten parts of corn starch and this mixture to be moistened just before use and applied to the parts in a thin paste, which is permitted to remain for a few minutes until the hair can be scraped off easily.

The next method to be considered, and which has the advantage that although it is tedious, it also is permanent, is Electrolysis.

The absolutely necessary apparatus for the purpose is not expensive, as it can be gathered together for about a dollar, yet a good apparatus for the purpose will include the following:

A galvanic battery or a switchboard for the use of the street current.

A Rheostat.

A Milliampere Meter.

Two conducting Cords.

A sponge or plate electrode.

A needle holder.

Needles.

An epilating forceps.

The apparatus which I use consists of a McIntosh wall plate which connects with the constant current of 110 volts.

On this plate is attached besides other apparatus, not necessary for Electrolysis, a Graphite Rheostat, a Milliampere Meter and a pole changer.

The needles which I use for the purpose of removing superfluous hairs are very fine steel broaches, which I have found to answer all purposes, although there are various kinds of needles on the market, which are made especially for this purpose, among which a steel needle with a bulbous point and an irido-platinum needle enjoy a great deal of popularity.

My needle holder, or rather the needle holder which I use at present, is plain.

I have others which are made with an interrupter and another yet which has a magnifying glass attachment. However, after trying the various kinds I have returned to the plainest holder procurable.

The technique of the operation is as follows: I place my patient in a comfortable reclining chair, with her head well braced, near a window or so that a strong light can be easily reflected on the part to be treated.

I place myself in front of the patient on a low chair, using a forehead mirror to reflect the light and supporting my arm on an arm rest, so as to steady by hand. To the left of the patient I place a basin with water, in which I have immersed a sponge electrode, connected with the positive pole of my wall plate, into which the current has been turned.

I now connect my needle holder with the negative pole, placing a very fine steel broach into the needle holder. I see that the rheostat is turned to zero and that the shunt of the milliamperemeter is set so as to indicate the small scale.

I now insert the needle into a hair follicle, sliding the needle in by the side of the hair, as close to the hair as possible.

The needle in place, the patient is directed to place her hand into the basin of water, which closes the circuit.

Now I turn the crank of the rheostat, increasing the current, until the milliamperemeter shows that I have reached a

current strength of from four to six milliamperes.

The pain to the patient is very slight, being slightly more so on the upper lip and neck than on the chin and cheeks.

By pinching the skin between the thumb and index finger of the left hand, while holding the needle holder with the right hand, the pain is materially lessened.

After from twenty to thirty seconds a slight frothing is noticed at the point of insertion of the needle, and a few seconds after this it will be noticed that the hair has become loosened and can be removed by means of the epilating forceps without force.

As soon as the hair has been removed the patient is directed to remove her hand out of the water and then only the needle is extracted.

For the removal of further hairs the rheostat need not be touched.

The needle is inserted into the second hair follicle to be treated and as soon as the same is in place the patient is again directed to place her hand in the water and so on until the sitting is over.

There are a few points only to be kept in mind and these are:

(1) To use only the negative pole at the needle.

(2) To use the current no stronger than from four to six milliamperes.

(3) Not to remove too many hairs at one sitting.

(4) Not to remove the hairs too close together.

If the operation has been properly performed, the hairs will not return.

The return of about from five to ten per cent. of hairs is due to the fact that the needle was not inserted into the hair follicle but only near it, and that thus it was not entirely destroyed.

I have noticed not only that electrolysis does not stimulate the growth of the fine hairs surrounding the coarse hairs which have been removed by electrolysis but that to the contrary the fine hairs very often fall out right around the spot where hair has been removed by electrolysis.

If the four rules given by me are observed, the scars caused by the removal of the hairs are very small and will soon disappear.

I generally remove from twelve to twenty hairs at a sitting having come to the conclusion that it is above human endurance to remove more than that number at a time.

I speak now not from the patient's but from the physician's standpoint.

As to the use of the Roetgen Rays for the cure of hypertrichosis, there is no doubt that in some instances hair can be removed permanently by this method.

Yet while the friends of this method must admit that at best it can only be called a qualified success, I firmly believe that it can be called so only by the most enthusiastic.

For this treatment a low tube is to be used and daily exposures of from ten to thirty minutes are to be given until an erythema results.

Then there is to be a cessation of treatment until the erythema subsides, and so on until the desired result has been obtained.

The hairs will first turn white and then fall out.

As it is admitted that lasting results can only be obtained after dermatitis has been caused repeatedly, and that the atrophy of the skin which results in these cases is very objectionable to the patients, also that the treatment must be continued for a long period, several hundred exposures having been given to some patients to obtain half way satis-

factory results. I can only admit the use of this method of treatment in such cases, where the growth of hair is so profuse, that the removal of every single hair by means of electrolysis is impracticable.

535 Lexington Avenue, New York City.

Therapeutics of Chloride of Iron.

BY P. NILSSON, M. D.

Read at the September meeting of the New York Specific Medication Club.

The remedy being one known and used by everybody, I am not going to give you any lengthy introduction on the subject. My indications for its use differ somewhat from those laid down in the textbooks and I deem that sufficient excuse for presenting this paper.

My indications are: Lack of vasomotor, and general tone; moist, clean or slightly coated tongue with streaks of foam; belching, nausea or diarrhea after eating; pain and swelling in mammae or ovaries.

My usual dosage is 4 drops in dilution, three or four times daily.

Beginning of cold weather invariably brings with it an epidemic of "colds" and bronchitis cases. The general atony engendered by the humidity and high temperature preceding this I consider the predisposing cause of these ailments and with other more specific remedies a little chloride of iron "on the side" will go far to remove it. Gastro-duodenal catarrh with moderate gastrectasis, intolerance of acids and carbohydrates is pleasantly and speedily benefited by the same. The aforementioned condition being the usual cause of pseudoangina, ferric chloride serves as a good prophylactic for this distressing symptom. The menopause this most critical period of a woman's life with its incidental changes in glands, governing the blood pressure furnishes frequent opportunities for its application. Hot flashes restlessness, vertigo and ir-

regular action of the heart are all symptoms benefited by the remedy.

In most cases of mastitis it will prove itself a true specific. Over and over again have I established resolutions, or if pus has already gathered speedy destruction and disappearance of the same, often without aid of any local remedial measures except pressure and slight massage. With me it has taken the place of Phytolacca, Belladonna and other drugs recommended for this condition in these cases I give it every three hours. Use it when the breasts begin to cake and you will be spared the annoyance and your patient the suffering from this otherwise often unavoidable affliction. If the lochia is still present you may have to diminish the dosage as it sometimes will induce severe flooding in such a case. During pregnancy the drug is often indicated by the intolerance of the stomach, the peculiar condition of the blood and the albuminuria caused thereby or by a diseased condition of the kidneys.

In erysipelas and diphtheria it has long been a routine remedy. Though it generally works admirably it is sometimes disappointing in these diseases, probably because we lose sight of our indications and apply it to the disease instead of the presenting phase of the same. Cases of diphtheria with extensive involvement of the cervical glands have not done as well under the remedy as those with glands normal or only slightly enlarged.

Combined with nux-nomica it forms a splendid tonic and deobstruent in the third stage of lobar pneumonia, it promotes the resolution and absorption of inflammatory exudates, wherever located and relieves the asthenic condition due to their presence. In long standing suppurative conditions attended with hectic fever and great debility, the improvement following its use is temporary and slight, if any. Elderly people do not, as a rule,

derive much benefit from its administration.

I have omitted mentioning anemia in this paper as it is practically always secondary to other conditions, some of which I have already enumerated as being amenable to the remedy and, without the presence of which, some other iron preparation might be used to better advantage.

Many cases of anemia are met with in which hygienic measures, changes of surroundings and habits, etc., will accomplish everything desired without the aid of any iron or other medicinal agents.

New York City.

Some Practical Points on Rectal Surgery and Treatment of Hemorrhoids.

BY S. H. DECH, M. D.

Read at the State Meeting, Latrobe, Pa.

Until very recently rectal surgery as a specialty was not known, as a division of general surgery and a legitimate field for special study, it has now taken a well defined place in our profession. It is only within the past few years that diseases of the rectum have received the attention to which they are entitled. Physicians who do special work are often accused of seeing nothing except it pertains to their specialty no matter what may be the nature of the malady.

The gynecologist is sure it is caused by ovarian or uterine disease; the neurologist will easily demonstrate that the nervous system is at fault, while the proctologist is just as sure that the cause is a nervous reflex from some rectal disease, I merely mention this to say that I believe the charge an unjust one. The specialist is, as a rule, a man who has had careful training in every branch of medicine, and in most cases this has been put into practical use by several years of general work before he engaged in any particular branch.

He should be broad minded enough to view a malady from all standpoints, and honest enough to refer it to the proper person for treatment. Having given my idea of the status of the specialist, and while not wishing to seem dictatorial, I wish to point out a few things that, in my mind, are not properly attended to by the physician in general practice.

The first may be the careless way he has of diagnosing rectal diseases. Nearly all patients think their trouble is piles, and the doctor simply confirms their diagnosis and writes a prescription for this disease.

Should he happen to be treating the right malady he does not know what particular form of piles he has to deal with.

For convenience, hemorrhoids are divided into two main divisions, viz., internal and external. The internal are sub-divided into venous and capillary, and the external into thrombotic or conchyromatic.

Each of these require different treatment, and a routine method applied to all will do but little good.

One of the most common forms of hemorrhoids is the thrombotic and it is seldom properly diagnosed. They are caused by the rupture of a small vein and the formation of a clot in the connective tissue. It can be recognized by its being very painful and by its bluish black color. Any application applied to this will do but little good as it will not be absorbed and the clot is a foreign body that must be disposed of some other way. Inject a two per cent, solution of cocaine around the base of the inflamed area and with a sharp bistoury thrust into the tumor, the clot is removed, the cavity packed with a little cotton to prevent it from re-filling. This removed in 24 hours and little, if any, treatment is required further.

In case the parts are very loose and plenty of tissue to spare, make an elliptical incision and remove the entire inflamed area.

Before taking up the surgical treatment of hemorrhoids I wish to speak of another point—bleeding from the bowels. This is generally spoken of as capillary hemorrhoids but it may be from other causes. Many times the loss of blood is unknown to the patient and general treatment carried on for months to overcome the anemia with no benefit. Iron and tonics cannot make blood as fast as it is lost. I have treated several such cases that were so anemic and debilitated that they could scarcely be on their feet. In most cases I find capillary piles, which are only the beginning of the venous form. They are composed of the terminal loop of the capillary vessels, which are ruptured by the passage of fecal matter over them and loss of blood results. An application of nitric acid *only to the bleeding vessels* will cure the trouble. Occasionally the hemorrhage comes from a medium sized vessel that has been inflamed by ulceration or cut in an operation.

The causes that produce hemorrhage after operation for hemorrhoids are, first, leaving too small a stump so the ligature slips off, or using silk too small and too much force in tying so that the stump is cut in two and in a few hours comes off. Hemorrhage from fistula operation is usually of the secondary variety, and comes on after the patient has rallied from anesthetic.

I also wish to say a few words in regard to abscesses in this locality, especially those due to traumatism. It used to be customary when an injury was received to apply poultice and wait for suppuration and pointing to occur. This is wrong, because if pus is present it should be let out at once, and if in doubt as to whether

it is present, apply cold until doubt is removed. The loose connective tissue found in the ischio-rectal region is an ideal place for pus to burrow, and much harm is often done by waiting.

In case of abscess, open freely and remove all broken down tissue and swab the cavity with pure carbolic acid, or a saturated solution of nitrate of silver and pack well and healing will usually take place without a fistula resulting and without necessitating the division of the sphincter.

Operative measures for the cure of hemorrhoids and associated pathological states of the rectum have passed through many phases in the process of surgical evolution before reaching their present status. Until about 20 years ago the only possible source of relief from hemorrhoids was a clamp and cautery, or the ligature. To attempt any other surgical operation was considered very dangerous, and, in fact, we have evidence of cases where fatal hemorrhage was the result. Surgeons approached the field with timidity, and as a rule palliative ointments were the prescriptions, with no assurance or even expectation of a cure.

As for the Whitehead and American operations: To mutilate unnecessarily any part of the human anatomy is something to be regretted, if not by the physician, at least by the patient. In dissecting off the pile bearing inch together with the integument at the verge of the anus, laying bare the sphincter ani, dragging down the loosened bowel, and stitching it to the integument we bury all the delicate nerve fibers that impart sensation to the sphincter beneath the bowel, which, being out of its normal location, cannot and will not replace the original tissues. Those having submitted to these operations have, I say, without exception, a clumsy rectum, nearly devoid of sensation. In a case where union of skin and

bowel is complete there is a band of cicatricial tissue, which feels to the touch like a wire ring and which completely encircles the anus, and sadly interferes with the function of the sphincter.

If you will take the trouble to examine a few cases that have been operated upon by either of the aforesaid methods you will find that even as long as one or two years afterward there is a band of cicatricial tissue entirely encircling the anus where the stitches have been, feeling very much like a wire and which stiffens the muscle so that absolute control is impossible. A state of affairs which must be experienced to be appreciated. While this is not the inevitable consequence of these operations, it is true of a vast majority of cases. We also know that it is necessary to continue to dilate the sphincter for weeks and even months after these operations in order to prevent such a degree of contraction as will leave the patient a prey to insomnia, constipation, dyspepsia and nervous debility. Then again the stitches often slough out leaving a gaping and suppurating surface instead of a clean healthy one. I believe that in stitching the gut to the skin the parts are thrown so far out of their normal relations that they will never have their normal action, but approximate them by a moderate pressure as I have suggested and nature will then make allowance for the tissues that have been destroyed. The feature of this operation is the posterior incision which, filling in by granulation, allows for the contraction which follows. If the posterior median incision is deep enough you will not be disappointed in the outcome, neither have stricture nor loss of sensation, but complete restoration of normal mucous membrane. As for the practice of tying off large masses of tissues and leaving the stumps to slough away thereby exposing the patient to danger of sepsis from absorption, we can only mar-

vel that anything so unsurgical and so cruel has ever been done by the profession. But the ligature has had its day and may well be relegated to the curiosities. We hope that none of our readers are so antiquated in their ideas that the remarks on litigation can be accepted as personal.

Again we meet with cases where, having encroached too freely upon the integument, the operator has dragged the bowel down and out to repair the loss to the end that the patient goes through life with his clothing rubbing against a portion of his anatomy which nature never designed to be so exposed. But I must repeat that the greatest and most serious objection to these operations is burying the terminal nerve fibers of the sphincter beneath a part of the bowel which is almost devoid of sensation. I am speaking from experience and am not moved to these remarks by personal motive alone, but I hope to recommend something better. It would seem that in the simple operation of destroying a few hemorrhoids there would be little room for difference of technique, yet how often a slight change in the *modus operandi* will simplify and render easy a difficult problem at the same time getting better results. It is my purpose to describe an operation which, by virtue of its simplicity is preferable to either Whitehead or the American. The patient is prepared as for any operation on the rectum, by giving liberal cathartics, 24 hours previous, followed in 12 hours by a copious enema, light and perfectly liquid diet for 24 to 36 hours before operation. When on the table wash out the rectum and dilate thoroughly with a speculum. Now seize the hemorrhoidal tissue at different points of its upper boundary with a T, or the ordinary hemostatic forceps by slight traction covering the entire circumference. Next, divide the tissue at the junc-

tion of the mucous membrane with the true skin, encroaching as little as possible upon the integument. Dissect the hemorrhoidal tissue from the sphincter, being careful not to injure the muscle at any point. Having carried your dissection up as far as the hemorrhoids extend, remove the loosened tissue completely, catch up the bleeding points and, if necessary, tie them. If we were to stop at this point we would have so much contraction of the parts when they healed, that the patient would be in a worse condition than before the operation. Just the condition that is many times presented after the Whitehead or the American operations.

To obviate this difficulty we will go a step farther. Again put the sphincter on a stretch, and before removing the speculum make a free incision in the posterior median line to the extent of dividing all of the muscular fibers, and with the scissors, trim away each edge of the wound so that it will not roll together and immediately unite. It now presents a complete section of $\frac{1}{2}$, $\frac{3}{4}$, or possibly an inch of the lower part of the rectum with the sphincter laid bare, and a deep wound in the posterior median line. We will now place within the rectum a moderately large cotton tampon with a strong double silk thread attached, loosen the integument a little to permit the skin to pass a little way into the anal orifice rather than drag the gut out. Now by making traction on the threads attached to the tampon we cause the bowels to distend, and by packing with gauze the posterior incision, we prevent its healing except by granulation. Now place outside a small roll of cotton covered with gauze to which the tampon threads are to be firmly tied. Thus we get an equal pressure from within and without, in most cases completely approximating the edges of the bowel and the skin. In 24 hours there will be sufficient union to retain the parts in

their proper relations, at which time the tampon is to be gently removed and the packing taken out of the wound in the sphincter and the entire wound irrigated. Then repack the wound in the muscle and apply any dry dressing preferred. If dressed daily in this manner, being careful to keep the incision packed until it has been filled in by granulation, and the space between the membrane and the integument healed, as it will, either by first intention or by granulation, you have as a result a normal rectum, capable of performing all its functions in a normal manner. In 36 hours after the operation give a laxative, followed in 12 hours by an enema and see that the bowels move daily afterward. The advantages this operation offers over the Whitehead and the American are the same, inasmuch as the two are identical with the exception that in the American the dissection is from above downward and in the Whitehead the procedure is reversed, the object in both cases being to remove the pile bearing portion and unite the mucous membranes and the integument.

Allentown, Penn.

Therapeutics

Edited by

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The "Patent Medicine" Evil.

It is a lamentable fact that the physical and moral well being of hundreds of thousands of American men, women and children are every year being injured—if not ruined—by the indiscriminate use of certain dangerous concoctions of alcohol, cocaine, morphine, and other powerful drugs, commonly known as "patent medicines." This fact should receive the at-

tention and most thoughtful consideration of every physician, for the evil results of this "quack medicine plague" are almost certain to present themselves in many cases which will in the future come under his professional observation and care. The persons referred to do not intentionally take the drugs named, and it would be a difficult task to convince them of the fact that in consequence of their unquestioning belief in the alluring advertisements of the dishonest patent medicine venders their systems are being constantly saturated with substances so dangerous that the physicians never employs them without exercising the greatest caution and guarding against their evil effects.

This deadly evil has already reached an enormous magnitude, and unless some measure can be devised which will prevent the manufacturers of dangerous "patent medicines" from displaying them for indiscriminate sale in every drug store and every cross-roads grocery store in the land the United States will soon become a nation of drug fiends.

Thousands, if not millions, of bottles of dangerous stuff, under misleading names, are used throughout this country by persons who have not the least knowledge of what they are swallowing. They have read some advertisement (sometimes cunningly inserted as news matter) in their family paper, and from the vividly described symptoms (which are often imaginary) they are easily convinced that the advertised preparation is just what they need, for they are sure that they have had some of the feelings described. They do not regard the fact that they have no knowledge of the nature of the stuff, or of the men who manufacture it, or the further fact that the only hope these people have of selling their harmful preparation to them is

necessarily based upon the assumption that they are both ignorant of its character and too mean to pay an honest doctor for an honest prescription. Nor do they realize the harm they may be doing themselves by taking into their systems enormous quantities of nostrums containing large percentages of alcohol, cocaine, opium and other narcotics. A mother who would emphatically object (and rightly) to beer being given to her child will unhesitatingly give to it with her own hand dose after dose of some "patent medicine," not knowing that nearly all of such preparations contain from seventeen to forty-four per cent. of alcohol, together with dangerously large quantities of powerful drugs. Temperance women who are bitterly opposed to the sale (as all women should be) of all forms of intoxicating liquors, will take bottle after bottle of a concoction which is widely advertised as a "vegetable compound" for the sure cure of numerous wrongs of the female organs of reproduction, and never tire of telling their female friends of what they deem its great saving power. Of course they do not know that eminent chemists have repeatedly stated that this same "vegetable compound" contains not less than twenty per cent. of alcohol. These same temperance women do not hesitate to advise young wives who are suffering from the natural discomforts of pregnancy to take, as a harmless means of relief, an extensively advertised nostrum which, according to the testimony of expert chemists, contains, in addition to more than seventeen per cent. of alcohol, large quantities of digitalis and opium. Of course the young wife obtains temporary relief from pain by swallowing large doses of the dangerous stuff, for she not only becomes partially intoxicated but fairly well doped besides—so much so that her

nerves of sensation are for the time put almost entirely out of business. This may, in a certain sense, be pleasant for the mother, but how does it affect the life unborn? Every nursing mother knows that her child quickly feels the effect of all powerful substances which she takes into her system. How much more must be the influence during the closer contact during gestation. Hard and brutal as the statement may sound, it is, nevertheless a fact, that thousands of future drunkards and morphine fiends are constantly being created through the ignorance of American mothers—an ignorance which enables a certain class of drug firms, who care nothing for the ruin they cause, to secure for themselves great wealth.

Prof. W. E. Bloyer, in referring to the patent medicine evil, says:

"The medical journals have awakened to the fact that the nostrums, the patent medicines, are mainly alcoholic producers of toppers, drug fiends; that if robbed of the whiskey there would be little left. Do these journals think, and the men who prescribe them so frequently, think, that many of the proprietary foods and digesters, peptons, liquors, etc., so insidiously forced upon the profession by their astute manufacturers, belong to the same class? Many of them are said to contain from 15 to 20 per cent. of whiskey or alcohol, so that when given as directed, the patient takes anywhere from one to three ounces of whiskey or alcohol in a day. Their continued use leads to tippling, to drug or whiskey habit, to everything that is bad, to nothing that is good—to death."

This patent medicine question is a live issue, and the man who does not realize its importance needs to do some more thinking. All of these preparations should be investigated by competent

chemists, and their manufacturers compelled to place upon the label of each bottle a true list of the ingredients contained in it. Knowledge of this character would be of much greater value to the general public than that which is often deemed necessary to publish in reference to epidemic diseases. While it is true that typhoid fever destroys many lives, the "patent medicine plague" not only causes fatal results, but in many cases produces conditions much worse than death.

Ænothera Biennis.

Common Name.—Evening Primrose.

Natural Order.—Onagraceae.

Part Used.—The bark and the twigs.

Description.—This indigenous biennial plant has an erect, rough, hirsute and branching stem from two to five feet in height. Its leaves are alternate, obscurely toothed, roughly pubescent, and from three to six inches long. The flowers are in a terminal spike, odorous, and pale yellow in color. Each flower opens at dusk of evening and remains open until the next forenoon, but never opens a second time.

Dose.—Fluid extract, 2 to 60 drops.

Usual dose.—8 to 10 drops.

Indications.—Gastric symptoms accompanied by asthma; diarrhoea and dysentery; severe pain in the stomach after eating; difficult breathing of irritable and nervous persons; chronic indigestion and gastric irritability; chronic diarrhoea; dyspnoea or palpitation accompanied by cough, especially in nervous persons; vesical irritation, with frequent desire to urinate in hysterical females; tenesmus with bloody mucous discharges accompanying or following typhoid fever.

This is a valuable non-toxic remedy, and is promptly curative in many cases of dysentery and diarrhoea. It is also a

very efficient remedial agent when there are severe pains in the stomach and other manifestations of indigestion, and especially so when there is irritation of the nervous system.

Ænothera biennis is sedative to the nervous system, astringent, nervine and antispasmodic.

Arnica Montana.

A contributor to the *American Medical Journal*, in speaking of arnica in substance says that it is a valuable remedy in low forms of fevers where there is prostration, low muttering delirium and picking at the bed clothes. "It is one of the best remedies that can be thought of in the treatment of morbid conditions of the nervous system brought on by sexual excesses. In such conditions it may be alternated with phosphorus. It is an efficient remedy in the treatment of paralysis, when there is no inflammatory condition present, in which case the remedy would be contra-indicated. Paralysis of the bladder following difficult labor, and cases of local paralytic conditions following diphtheria, may be relieved by arnica. It is one of the best remedies in the treatment of paralysis of the optic nerve. In cases of fevers you may use this remedy as a stimulant and to sustain the vital powers, but it should be given in very small doses, or it would possibly influence a slight rise in the temperature. In fevers and dysentery the greater the prostration the greater will be the indication for the remedy. In cases of pneumonia, where there is great prostration, bad conditioned sputa, and in all doubtful cases, I would trust this remedy and expect more good from it than from anything else. In these cases it may be given with bryonia or other indicated drugs.

"In many cases of chronic diseases where the spinal nerves are below par there is a peculiar puffed condition of the end of the tongue. They may be cases of chorea or epilepsy, and you will find many such conditioned patients who are suffering from chronic uterine or ovarian diseases. Many of these cases will be cured by arnica, while others will be greatly benefited, and the remedy will assist other medicines in giving relief. Cases of tobacco neurosis will often yield to small doses of arnica. Arnica is a good remedy in the treatment of rheumatism. Choose those cases where the skin is cold and the pulse is slow. It is also a remedy in myalgia: In low forms of diseases you will see cases where respiration seems to be carried on by the will-power; as the patient falls asleep the respiratory movements will stop and the patient will choke, catch for his breath and wake up; and in the same class of cases where there is involuntary discharges from the bowels or bladder, arnica will do good service.

"Sometimes we are called upon to treat children and old people who are constantly wetting the bed. Where we can trace this trouble to a debilitated condition of the spinal nerves arnica will cure. You can put no dependence upon the common 'drug store' tincture. Use the specific medicine or a good fluid extract as follows: *R* Arnica, gtt. v to x, water, $\bar{\text{v}}$ iv; teaspoonful every hour or two.

"There are few remedies that will stimulate the absorption and removal of accumulations from a bruise or injury as will the local use of the tincture of arnica. This remedy contains an acrid principle and should not be applied where the skin is broken. It is a good remedy to apply to the head of a new-born child where the head is bruised from the use of instruments or severe pressure. Here

you may use the ordinary tincture, one part to six parts of water.

"In very large doses arnica is poisonous, and it has no known antidote, although vinegar is said to exert some influence over its injurious effects."

Ænanthe Crocata.

Common Name.—Water Dropwort.

Natural Order.—Umbelliferae.

Part Used.—The root.

Description.—This perennial aquatic plant has an erect cylindrical stem containing a yellow juice. Its leaves are large, primated, and deep green in color. The flowers are white and arranged in umbels. Its root is fusiform, succulent, composed of many branches resembling beets, and contains a white milky juice which has a sweetish taste and becomes yellow on exposure. The plant has frequently been mistaken for garden parsley.

Dose.—Specific medicine, 1-20 to 1-2 drop.

Usual Prescription.—Specific ænanthe crocata, gtt. v, water, $\bar{\text{v}}$ iv. M. Sig. Dose one teaspoonful every two to every four hours.

Indications.—Epilepsy, especially when there is anaemia of the brain and spinal cord; epilepsy resulting from injury; vertigo caused by indigestion; debility of the sympathetic nervous system; giddiness and loss of equilibrium; all diseases resulting from malnutrition and anaemia of the brain or spinal cord.

This agent has been successfully employed in many cases of general epilepsy, and has also cured some cases of the most violent form of the disease. It is a remedy worthy of more careful study than it has heretofore received.

Ænanthe crocata is stimulant, tonic and antispasmodic. In large doses it is a dangerous poison, and causes burning

heat in the throat and stomach, vertigo, convulsions, violent delirium or profound sleep, feeble pulse, loss of sensation and of power, rose-colored spots on the face and arms, coma and death. The plant has frequently caused death in human beings as well as in animals.

Colchicum.

A writer in the *Homeopathic Recorder*, in referring to colchicum in substance says:

"The use I most frequently make of this remedy is to relieve nausea and vomiting of pregnancy. My success has been so prompt and gratifying that other remedies are seldom used. Formerly failures were frequent, but now speedy relief is the rule. Look for this key-note in prescribing colchicum: Nausea and vomiting of clear, glairy, stringy fluid, aggravated by the smell of food.

"Dr. Nash recommends this agent highly for autumnal diarrhoea, with white or bloody mucous discharges, having a shreddy appearance, looking as if the mucous membrane had been scrapped off of the intestines, with tenesmus and meteoristic distention of the abdomen. The shreddy pieces really are organized mucus. Colchicum is a quick-acting remedy, so if the patient does not report rapid improvement you might as well change the remedy."

Precision in Prescriptions.

In writing for the medical press it is convenient to have a uniform standard for the quantity of menstrum used in prescriptions, and the four ounce mixture serves our purpose very well, but it does not follow that it is wise for the physician to order the full prescription when making daily visits.

In referring to this matter in the *American Medical Journal*, Dr. P. C. Clay-

berg makes some remarks which constitute excellent food for thought. In part he says:

"In bed-side prescriptions the method followed is half glass of water; it may be three or it may be four ounces; into this drop a given amount of the remedy and order a teaspoonful every two hours. Nobody knows how much the dose will be, it may be the tenth or twentieth of a drop. In acute diseases a visit is made the next day; the major portion of medicine left on former visit is still on hand, either to be used or thrown away. If the former the family will say why this visit to be paid for if the left-over medicine was all that was needed; if the latter why waste the medicine if it is worth anything?

"I have noticed another practice that is not good to my way of thinking. In a case of continued fever for instance, the doctor comes in and finds occasion to continue his treatment; some medicine is left and he adds thereto each day until the mixture becomes stale and offensive and in all probability worse than useless.

"I beg to suggest that in all acute cases when writing prescriptions make the amount not more than two ounces and to time your visits and the dosage so as to nearly exhaust the medicine ordered by time of next visit.

In bed-side prescriptions always measure the water, using an exact number of teaspoonfuls and add an exact amount of medicine and prepare enough to last until next visit, allowing two or three doses to be used in case you may be a little late in reaching your case the next day.

"In chronic diseases order amount and dosage in such a way as to nearly or quite exhaust the supply by time of next call or visit.

"I claim this method being precise will increase the confidence of our patrons. It will save medicine. It will secure for our patients fresh medicine and definite dosage at all times."

As an aid in securing a return of the normal tone of the uterus and its adjacent parts after parturition the following prescription has been highly recommended: \mathcal{R} . *Macrotys*, *Helonias*, each, \mathfrak{ss} to $\mathfrak{5i}$, water, $\mathfrak{5iv}$; teaspoonful every half hour to every hour.

In the diarrhoea of children the following prescription has been employed with marked success: \mathcal{R} *Ipecac*, gtt. i to ii, *Mangifera*, gtt. xv to xxv, water, $\mathfrak{5iv}$; one half to one teaspoonful every half hour to every hour, according to the severity of the case.

Half a teaspoonful of chloride of ammonium in a goblet of water will almost immediately restore the faculties and powers of locomotion to a man who is helplessly intoxicated. A wineglass of strong vinegar will have the same effect, and is frequently resorted to by drunken soldiers to enable them to return steadily to the barracks.—*Med. Summary*.

It is said that sulphate of magnesium injected hypodermically in doses not to exceed five grains, well diluted, produces the same cathartic effect as an enormous dose in the stomach. Sometimes two small doses, an hour or two apart, of about three grains each, will work even more satisfactorily.

Oh, yes, Nature effects all cures, but drugs judiciously employed can do a "whole lot" toward getting the old lady started right.

Society Meetings

Society Calendar.

National Eclectic Medical Association. Meets at Saratoga in June, 1905. W. E. Kinnett, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at New York city, January 11th and 12th, 1905. E. H. King, M. D., president; S. A. Hardy, M. D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. Wm. H. Russell, M. D., president; Pitts Edwin Howes, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th street. A. W. Herzog, M. D., president; W. L. Heeve, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; March meeting at the office of Dr. J. A. Nordbrock, Brooklyn. H. Stoesser, M. D., president; J. A. Nordbrock, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. V. Sillo, M. D., secretary.

The East Side Progressive Medical Society meets second Friday of each month at 183 Ludlow street. H. Harris, M. D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thordike," Boylston street. A. W. Forbush, M. D., president; Pitts Edwin Howes, M. D., secretary.

The American Medical Society for the Study of Alcohol and Other Narcotics.

TO THE EDITOR OF ECLECTIC REVIEW.

DEAR SIR:

The American Medical Society for the Study of Alcohol and Other Narcotics was organized June 8, 1904, by the union of the American Association for the Study of Inebriety and the Medical Temperance Association. Both of these societies are composed of physicians interested in the study and treatment of inebriety and the physiological nature and action of alcohol and narcotics in health and disease. The first society was organized in 1870 and has published five volumes of transactions and twenty-seven yearly volumes of the *Quarterly Journal of Inebriety*, the organ of its association. The second society began in 1891 and has issued three volumes of transactions and for seven years published a *Quarterly Bulletin* containing the

papers read at its meetings. The special object of the union of the two societies is to create greater interest among physicians to study one of the greatest evils of modern times. Its plan of work is to encourage and promote more exact scientific studies of the nature and effects of alcohol in health and disease, particularly of its etiological, physiological and therapeutic relations. Second, to secure more accurate investigations of the disease associated or following from the use of alcohol and narcotics. Third, to correct the present empirical treatment of these diseases by secret drugs and so-called specifics and to secure legislation, prohibiting the sale of nostrums claiming to be absolute cures containing dangerous poisons. Fourth, to encourage special legislation for the care, control and medical treatment of spirit and drug takers. The alcoholic problem and the diseases which center and spring from it are becoming more prominent and its medical and hygienic importance have assumed such proportions that physicians everywhere are called on for advice and counsel. Public sentiment is turning to medical men for authoritative facts and conclusions to enable them to realize the causes, means of prevention and cure of this evil. This new society comes to meet this want by enlisting medical men as members and stimulating new studies and researches from a broader and more scientific point of view. As a medical and hygienic topic the alcoholic problem has an intense personal interest, not only to every physician, but to the public generally in every town and city in the country. This interest demands concentrated efforts through the medium of a society to clear away the present confusion, educate public sentiment and make medical men the final authority in the consideration of the remedial measures for cure and prevention. For this purpose a most urgent ap-

peal is made to all physicians to assist in making this society the medium and authority for the scientific study of the subject. The secretary, Dr. T. D. Crothers, of Hartford, Conn., will be pleased to give any further information.

New York Specific Medication Club.

New York, September 8, 1904.

The monthly meeting of the New York Specific Medication club was held at the College Parlors on the above date.

Dr. Boskowitz was acting chairman, with Dr. Sillo recording.

Twenty members responded to the roll call.

Dr. Sutton, of Bath, was our honored guest of the evening and addressed the meeting.

Dr. Kirally presented an interesting case of synovitis.

The essayist of the evening, Dr. Nilsen, read a most interesting paper entitled, Therapeutics of Tinct. Ferri Chloride.

The paper was thoroughly discussed by the members present.

Dr. Louis was elected chairman of next meeting.

Dr. Sutton, of Bath, was elected to honorary membership.

We then adjourned.

V. Sillo, Secretary.

Query Department

Conducted by

PITTS EDWIN HOWES, M. D.

Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

C. E. D.—Is it always necessary to resort to some form of an operation to radically cure hemorrhoids? While there

are sometimes cases which undoubtedly require an operation to cure permanently, yet the larger majority can be completely relieved by means of correct medication. Hemorrhoids are largely caused by the congestion of the blood vessels which surround the lower part of the rectum. If this can be prevented they will disappear. One of the principal agents for this purpose is the *collinsonia canadensis*. This should be employed constantly for the space of several months. I usually prescribe spec. *collinsonia* ʒii., aqua ʒiv., dose ʒi. every one or two hours, according as the case is more or less chronic. Many times other conditions will demand the use of other remedies, in connection with the *collinsonia*, such as *dioscoria*, *colocynth*, *nux*, *hydrastis*, *podophyllin* and *cascara*.

E. J. S.—Will you please tell me in the next issue of the Review why a prospective student of medicine should attend an eclectic medical college? This is indeed a pertinent query and demands an explicit reply. The reasons for such attendance are threefold. First, the Eclectic school teaches the reliability of medicine in aiding Dame Nature to restore the equilibrium which is disarranged by disease. This medication is taught in such a way and in so thorough a manner that the young graduate can readily apply it to the diseased conditions which he meets and thus restore his patient in a short time. Second, while surgery, in all its various branches, is competently taught, undue prominence is not given to the use of the knife, for, as one of the greatest surgeons of the Eclectic School has well said, the greatest test of the accomplished surgeon is to know when not to operate. Third, the professors of Eclectic Colleges are all intensely interested in the future success of their students, and so are brought in closer touch with each individual student. They know their weak points

and especially endeavor to strengthen them, so that they may be symmetrically developed as medical men. This reacts upon the students as a tonic and calls out the best that is in them and is largely responsible for their enviable success as practitioners. Go to Eclectic Medical Colleges and you will never regret it. If you are any ways near New York send for the catalogue of the Eclectic Medical College of the City of New York, attend its lectures and you will prove the truth of my statements.

S. L. W.—Do you think that the administering of a douche, by the patient, is of any benefit in the treatment of female troubles? Yes, most decidedly, if properly used. Many and many a time have I found women using douches who were absolutely wasting their time. The pelvis should be placed in such a position that the vagina may be filled, and kept full, during the whole time taken to give the douche. In this way the fluid is kept in constant contact with the os and neck of the uterus, the walls of the vagina are thoroughly cleansed and benefit will result if your douche is given at the right temperature and properly medicated.

Book Reviews

"A Practical Treatise on Nervous Diseases." For the medical student and general practitioner, by F. Savary Pearce, M. D., Professor of nervous and mental diseases in the Medico-Chirurgical College of Philadelphia; Fellow of the College of Physicians of Philadelphia; Neurologist to the Philadelphia and Howard Hospitals; member of the American Medico-Psychological Association, and of the American Climatological Association; chairman of section on nervous and mental diseases of the American Medical Association. Colored frontispiece, ninety-one illustrations in

the text, many in colors. New York and London, D. Appleton and Company, 1904.

As a general text-book on diseases of the nervous system we recommend Dr. Pearce's work to both students and the busy practitioner, for it is clear, concise, and well written. The book is divided into twenty chapters and an appendix. In his first chapter he has included the anatomy and physiology of the nervous system, and presents these intricate subjects in a most intelligent, clear and attractive manner, and so through the book everything is presented, with no waste of words. It is well illustrated and clearly printed on fine paper. We are pleased with every part of the book except the formulary, and in that we find no mention of *Gelsemium*, *Passiflora*, *Cimicifuga*, *Pulsatilla*, etc. In the treatment of nervous diseases we could not dispense with any of these remedies.

An original and comprehensive method of Intra Uterine Medication, for the treatment of the various forms of uterine diseases, presenting a course which, in the author's experience of nearly thirty years has proven successful far beyond that claimed for any other method, by Charles Woodward, M. D., Chicago, Illinois. Published by the Woodward Company, 762 Warren Ave., Chicago. Price \$2.50.

An interesting book of about 200 pages, written in an easy conversational style, and you cannot doubt after reading it the integrity of its author, who does not believe "that a continuous stream of water should ever be used for washing out the uterus", and gives many good and logical reasons for his non-belief, and substitutes for it intra-uterine medication by the interrupted stream. In speaking of this method, he says: "The phenomenal success obtained from practising this

method for more than a generation has encouraged me to give others the benefit of my experience." His last chapter is upon hydrogen per oxide, which is the substance he mainly uses in his intra-uterine injections. His description of its action on the different discharges would seem to be a valuable aid in diagnosis. Buy the book. It is well worth the price.

"Physician versus Bacteriologist," by Prof. Dr. O. Rosenbach of Berlin. Authorized translation from the German by Achilles Rose, 12 mo. Pp. 462, New York, Funk and Wagnall's Company, \$1.50.

Dr. Rosenbach's discussions on bacteriologico-clinical and hygienic problems is a most interesting, timely, and thought-provoking book, and proves that the pendulum has swung to the extremity of its arc, and it is time for it to return. Every physician and particularly every Eclectic practitioner should have a copy. The Doctor, all through the essays calls attention to the "vital force" and the necessity of not reckoning without it. He further says that by maintaining it, we have the most powerful instrument for the destruction of bacteria etc. (First class electric doctoring). He believes that individuality and predisposition are important ethiological factors and must be reckoned with as well as micro-organisms. It is really refreshing to read this book, so clear, positive and forceful does the Doctor state his case. He appreciates fully the work of the bacteriologists within certain limitations. Dr. A. Rose, his translator puts it very plainly when he says:

"Dr. Rosenbach appreciates fully the value of bacteriology as a biological science. * * * He is well aware what surprising biological information and what important methods are to be found in the study of bacteriology, but he raises his voice against the unjustified, the un-

warranted claims of the bacteriologists, especially of those whom he calls nothing—but—bacteriologists. The diagnosticians in absentia, with their disinfectants and measures based on unsupported theory."

His chapter on fear of infection, which I think is one of the best, and from which the following quotations are taken will show the general trend of his thought.

"Nothing but uncertainty prevails wherever we look, and the microbe theory, far from making clear the cause of the disease only increases the number of ever present interrogation points. The bacillus as generator of disease. As visible hence apparently directly assailable cause of the disease has not, as many believe, acted as "consolation bacillus" in fact, in our opinion it has given rise to a most deplorable mental epidemic, under the influence of which the most important requirements of morals and ethics have unsubstantially volatilized. Humanness and philanthropy have lately become foreign meanings, and those who scent the bacillus every where and attribute to it mysterious power are the cause of this deterioration and collapse of moral precepts."

Further on we find this sentence. "The hygiene of the future will not so much endeavor to destroy bacteria as to improve the vital necessities of man. Modern hygiene presents improved dogmas and facts of the laboratory as substitutes for light, air, plenty and nourishing food, and rational alteration between work and rest, hence the watchword for the future must be, not fear of bacteria and measures of disinfection, but improvement of the vital conditions and development of independent thought and action in accordance with the requirements of social ethics."

And now just one further quotation and I shall leave you to read the book, for

I know every one of the Review readers will enjoy every word of it. It is from the chapter headed "asepsis versus antiseptics" and is as follows:

"The time is not far off when antiseptics will, in most cases, be used only for disinfecting the external skin and the instruments. Water and soap will be reinstated in their place of honor as cleansing materials. The quintessence of antiseptics as explained long since by many successful operators whose work is done without the aid of bactericides, which, in truth, had better be called tissue destroyers, or protoplasm poisons, will be reduced to an endeavor to avoid the introduction of additional virulent agents into the human organism by our operative measures which must in part destroy the protective barrier of the organism owing to the necessity of entering the interior of the body; therefore, to operate with clean hands, clean skin, and clean instruments, as well as, above all, to handle or squeeze tissues as little as possible in order not to reduce their defensive apparatus by local necrosis, and thus to assist in facilitating the process of regeneration. That all this may be accomplished by the simplest means of relief, provided practice and dexterity are in evidence, reducing the insults to a minimum, is illustrated by the history of ovariectomy. An operator who works gently and deftly, and does not imagine that under cover of strict antiseptics any and every abuse of tissue is licensed, will always command brilliant results. The dogma of the efficacy of purely external disinfection being such absolute protection as to render superfluous any regard for the patient or the healing powers of nature, has been provocative of more mischief than the adherents of absolute protection by means of toxic antiseptics will ever care to acknowledge."

As noted above the book can be obtained from the Funk and Wagnall's Company for \$1.50.

Items

Our house surgeon, Dr. H. Harris, has just returned from a very enjoyable trip to the Adirondacks and Lake George, but we miss the Panama hat.

Our pharmacist continues to have the fisherman's usual "luck and pluck" every Thursday. The "weak fish" are increasing in size and numbers—hear him tell it.

Remember the State Society will meet in January.—So get your articles ready. Committee on program please take notice.

We had a pleasant visit from Dr. Jesse Hunter, of Lockland, Ohio, who has been spending a few weeks at Post Graduate work in our city.

The Electro-Therapeutic Study Club will meet in the College Assembly room the first Thursday evening in October.

The Winter work started with the meeting of the New York Specific Medication Club, on Thursday, September 8th. There was a fine turn out of members and Dr. P. Nilsson presented a most interesting essay on "Therapeutics of the Chloride of Iron."

The professor of Ophthalmology can be seen almost every afternoon on his magnificent charger riding through the Park.

Dr. Marian Arvine-Coleman has just opened finely equipped offices at 226 West 113th street.

Read the advertisements carefully and when writing for literature or samples please mention the Eclectic Review.

A STUFFED CLUB.

A Magazine that clubs healthy thoughts into those
who can take it.

J. H. TILDEN, M. D., Editor,

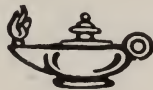
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THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

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College Opening.

Alumni and friends of the Eclectic Medical College of the City of New York and of eclecticism generally, will be pleased to know that we have opened the session of 1904-05 with a fine class of bright, energetic young men and young women. The dean and faculty are encouraged and will devote themselves with energy and enthusiasm to the work.

Eclecticism is triumphant.

The Doctor's Fees.

The refusal of Mr. Rudolph Spreckels to pay a Carlsbad physician's fee for services has caused a considerable discussion in both the medical and lay press. The discussion has not been confined entirely to the Carlsbad case, but has called up for review the physician's fees in general.

The facts in reference to the Spreckels case, as they appear in the press reports, are about as follows: Mr. Spreckels was taken very ill while in Carlsbad and called an eminent physician who told him that he had appendicitis, and then summoned in consultation a specialist. An operation was at once performed, and the medical men say that it was the means of saving the man's life. As soon as Mr. Spreckels recovered the doctors presented bills which, in view of the patient's great wealth and the importance of the services rendered, they deemed not too large. Mr. Spreckels, however, thought the fees charged exorbitant, and probably feeling less generous than when his life was in danger (as is often the case) refused to pay the fee of the physician who had promptly diagnosed his case, and thus made an early and successful operation possible. He finally paid the specialist's bill, and offered to settle with his first physician providing he would accept about one-fourth of the amount of the original charge. This the doctor refused to do.

Some of the articles which were prompted by this somewhat noted case have attracted

wide attention. In commenting upon one of them the *New York Herald* editorially remarks:

"'Layman's' recent letter to the *Herald*, picturing the moral depravity of physicians, as evinced in the size of their fees, brings forth a spirited rejoinder from a member of the profession, John W. Fyfe, M. D., whose communication is published in another column.

"Dr. Fyfe puts the medical side of the argument clearly, and combats 'Layman's' plea that a doctor should be on a business basis and guarantee his work, as a civil engineer might do, agreeing to obtain specific results or ask no pay. After all a physician is not a civil engineer nor a plumber, and the day is far distant when an itemized bill like this will be received by the head of the family:

To tinkering and partly rebuilding	
Mrs. X; restoring main works	
and generally doing over; guaran-	
teed to stand wear and tear of one	
season in society	\$225.00
Helper nine hours, at 50c.	4.50
Two and one-half pounds solder.	40
To condensing and cooling head of	
Mr. X after French ball.	25.00
Helper, three hours, at 50c.	1.50
Ice	2.25
	<hr/>
	\$258.65

"No; 'Layman' and the laymen to come will find it difficult to induce physicians and surgeons to look on their profession as a commercial pursuit and 'guarantee the goods or money refunded.' Let 'Layman' be happy that commercialism has not crept into the medical ranks as it might suggest an adoption by the doctors of the good old rule, C. O. D."

The article to which the *Herald* refers is hereto appended. J. W. F.

— — —
TO THE EDITOR OF THE HERALD:

"I have been much interested in the various articles which have recently appeared

in the *Herald* in reference to the fees of physicians and surgeons. While they have all been entertaining and instructive, it would seem that the one written by your learned correspondent signing himself 'Layman' is the most notable.

"He has evidently given much thought to what he seems to regard as the unjust conduct of the medical profession. Among other wrongs committed by medical men your correspondent finds that 'the doctor demands as a right to be paid for his services whether those services prove beneficial to the patient or not.' This, he thinks, is wrong, but he does not say who should decide 'whether those services were beneficial to the patient or not.'

"The writer evidently overlooks the fact that there is more than one object in treating the sick. The legitimate work of the physician is to relieve distress and prolong life. This work not only includes curing the sick, but also giving of such advice and remedial agents as will relieve severe suffering and thus make life bearable to the unfortunate victim of disease, even if the cure of his particular disease is beyond the power of human skill.

"Cancer in an advanced stage cannot be cured, and yet it is a well known fact that the physician can do much toward relieving the suffering of its victim. Is this relief—this service—not 'beneficial to the patient?'

"Your very interesting correspondent still further complains of the manner in which he thinks the physician wrongs the friends of the unfortunate, and says: 'Take, for instance, a hopeless case which cannot be cured. * * * The physician calls regularly, adding items to his bill, which may come hard for the family to pay. By hopeless case which cannot be cured it is fair, I think, to assume that the writer means an incurable disease. Yea, verily, the physician does sometimes call regularly in such cases, and also add items to his bill, and in many—very many—cases finally add the bill to

many others which are never paid. But what would 'Layman' have the doctor do? We will suppose, for instance, that his beloved wife becomes the victim of some painful and incurable disease in which the physician can do much toward lessening the pain and soothing her way to the Great Beyond. Would he have the doctor do all this without reasonable compensation, or would he have him desert the poor sufferer because her husband was unwilling to pay for anything short of a complete cure? Possibly he thinks it would be wise to dispose of human beings having incurable diseases in the manner in which animals having such diseases are often relieved from suffering.

"Again, 'Layman' remarks: 'If a civil engineer * * * does not do his work satisfactory * * * he runs the chance of not being paid at all. Ought it not to be the same with the physician?'

"Well, truly, it must require a mind of almost inconceivable scope to discover a similarity in the work of the man who plans and superintends the building of bridges and railways out of stone, wood and iron and the work of the man who treats the ills of the complex organism usually known as a human being. As such far reaching minds are not overcommon, I fear it will be somewhat difficult for 'Layman' to obtain a very prompt answer to this interesting question.

JOHN W. FYFF, M. D."

Prof. Niels Finsen.

Prof. Finsen, discoverer of the Finsen rays for the treatment of lupus, has passed away.

Born in Ireland in 1860, receiving his primary education in the small school on one of the Faroe Islands and his medical degree at the University of Copenhagen, in 1890.

It is but a few years ago that Prof. Finsen was a struggling student, being in poor health, still ever trying to benefit hu-

manity regardless of personal suffering or sacrifice.

Receiving the suggestion from Dr. Picton, of New Orleans, relative to his theory that red light relieved the active inflammation of the pustules of small-pox and reducing their tendency to scarification, led Finsen to experiment with phototherapy in lupus.

His early experiments with sunlight, passing its rays through a solution of copper sulphate, ammonia and alum, then concentrating the rays by passing them through a convex lens and projecting the filtered rays upon lupus, producing compression of the part by means of a bullseye lens causing the part to become bloodless, proved conclusively that these filtered rays had the power to destroy the germs of lupus. His latest experiments were conducted with a powerful arc-lamp of about 70 amperes.

His success was complete, as the mortality from lupus in the institution at Rosenoaenget was reduced to about 3%.

Finsen was a man of rare modesty, keeping himself in the background and sought neither fame nor fortune, treating the poor and rich alike, receiving the small sum of \$1,200 from the Government for his labors.

He received the Nobel medical prize awarded him by the Norwegian Parliament in 1903.

His lifework was short, but such a lifework for the benefit of suffering humanity and such men of the Finsen type rank with Kings and Emperors.

W. L. H.

The State Meeting.

At the last annual meeting of our State society it was decided to hold the session of 1905 at an earlier date than usual, viz., January 11 and 12, and that the place of meeting should be in the

new college building in the City of New York.

The preparations for this meeting are well under way, the various committees are getting their respective departments into working order and the place of meeting as well as the programme that is promised us is all that can be asked for.

The demand now is for each individual member to make a hearty response to the appeal of any committee to do any work that may be assigned to him. You should arrange to be at the meeting and aid by your presence and interest if nothing more.

The meeting last April in Albany was voted by everyone in attendance as one full of interest and demonstrating the healthy condition and hearty good will existing in our organization. In spite of this, however, the attendance at our State meetings is not, by far, what it should be, considering the number of Eclectics in our State.

The committee appointed to ascertain the names and whereabouts of every Eclectic in the State as far as possible, and revise the membership list, is now engaged in the pursuit of this duty. You will aid greatly in this work if you will send to the corresponding secretary, Dr. G. W. Boskowitz, 140 West 71st Street, New York, the name and address of any Eclectic in your neighborhood whom you know is not a member of the State society or who has not affiliated of late. |

Next, get your district society into working condition. Even if you are not an officer of the local society make it your business to see that the members are properly called together and roused to the duty which is confronting every Eclectic, viz., to maintain and promote a healthy organization both in the district and in the State at large. This is not only a duty but an imperative necessity if the

Eclectics of the State desire to maintain their prestige as a school.

There are many more who should be active in this work and if you are not, my fraternal friend, you are neglecting a duty to yourself and the cause and you should be up and doing.

The outlook for the eclectic school was never so bright as it is now. The meeting of the National at St. Louis showed a healthy and progressive condition of the cause throughout the country.

As has been previously announced in the REVIEW, the National is to be the guest of the New York State society at Saratoga next June. We desire to give our friends at least as good an entertainment as they have received heretofore, and each member can help in the preparation and furtherance of the plans for this meeting.

Fellow members begin now to lay your plans to attend the State in New York in January and to urge every Eclectic in your community to be present with you. It will help the cause, it will aid the society and will be in many ways of lasting profit to yourself.

Earl H. King, M. D.,
President.

Original Articles

Pneumonia.

BY W. E. BLOYER, M. D.

Pneumonia comes apace. The season of colds and coughs, of bronchitis, etc., is about here. For about five months the "great white plague"—consumption—has had its inning, and the greatest number of those who went to join the great silent majority, succumbed to its destructiveness. With October it must give way to that other grim and great destroyer, pneumonia. For some time past the deaths from it have been increasing yearly. Why? We believe either because of "no medica-

tion" or base medication. The great part of the profession may be divided into two classes, viewed from our standpoint. The first is made up of medical nihilists, of physicians who are not physicians in that they do not practice medicine or heal bodily ills through the administration of remedies. The abandonment of the chair of materia medica and therapeutics by some of the foremost colleges of this country is in line with the ideas, beliefs and actions of the members of this class.

The other class has not progressed so far. They are still following methods that were once followed by the class referred to above. They are groping around in the dark, feeling their way here, giving this, that, the other because some great pharmaceutical firm makes it and advertises and advises it as a specific for certain diseases. They are practicing a "cut and dried"—a ready made therapeutic—the thinking for which has been done by the maker of the "green goods." Or, if not this they combat fever with acetanilid, relieve pain with opiates, give calomel for physis, digitalis for the heart and for the rest give placebos.

What must be the outcome of a pneumonia case falling under the treatment of either of these classes? There can be but one end and that the undertaker.

While we do not know it all by any means, there are some things that we as a school do know, and among them is how to save *some* of our pneumonia patients. How do we do it? Well, there is no stereotyped treatment. Usually, the pneumonia patient is below par physically, or he would not be attacked by the disease—and this fact should be recognized. He comes to you with cough, cold, etc. The etiology, etc., you know, or can read elsewhere. How treat him or them? Not all alike. First, hygienically, see that he is kept warm. "Heat is life and cold is death" is very true in pneumonia. Keep-

ing warm does not mean a lack of plenty of fresh air to breath. But, the body and extremities should be kept warm. He should be kept clean—outside and in. This does not mean a bath—hot or cold every day. It means such a cleansing of the skin—by careful sponging under cover—with hot or tepid water, with alcohol, etc., as are needed and reasonable. Clean internally means a clean and clear digestive tract. If the tongue be dirty—heavily coated—tissues full, etc., he needs a physic. Give him one within reason—enough to cleanse—not enough to depress. If the tissues be drawn—the tongue clean and narrow—red tip and edges—a good physic will help prepare him for the undertaker. As to feeding, usually no solid food. Good bouillon, from beef bones full of red marrow, not yellow marrow, or fat, perhaps hyper-seasoned is enough if the digestive tract can be kept so that it will digest and assimilate this. Milk is usually an abomination. The kidneys should act freely and an abundance of pure water given as a drink is the best diuretic, but it may need a supplemental remedy of some kind. If it does our materia medica contains many of them.

Internal medication may include any remedy in the whole list, if indicated. Those most frequently called for are bryonia—for cough and pain; asclepias for dry, hot skin; gelsemium for nervous excitement, hot, flushed face, bright eyes, etc.; belladonna for capillary stasis—cool or cold feet, hands, skin, patient dull, drowsy; rhus tox for nervousness, especially in women and children, with frontal headache; baptisia, later when there is death of the blood—typhoid symptoms. We might enumerate more remedies, but Fyfe's Materia Medica will describe them to you better than we can in a journal article. Look them up!

How about sedatives? Do not give any remedy that will disturb a heart that

is doing all within its power to force a blood current through a partially solidified lung. If you do, you disturb the pneumonia patient's best friend. You can't depress it, then restore it with digitalis and whiskey. Beware of aconite and veratrum. Give them with fear and trembling and shun acetanilid and the coal tar preparations as you would the devil, (were you a christian). If a pain relieving agent must be given, that is after the indicated remedy and local applications have failed, there is nothing better than that old comphorated eclectic diaphoretic powder. Give it in small repeated doses, followed with, or accompanied by copious draughts of tea or hot water. Give enough to relax, but not enough to provoke emesis.

As to local applications, we like something like a wadding or cotton jacket, that retains heat, protects from draughts and at the same time is light and not uncomfortable. If there be need of greater relaxation, because tightness or bronchial spasm, we never fail to use locally the old eclectic emetic power.

22 W. 7th St., Cincinnati, O.

Aletris Farinosa.

There is probably no American plant, that has been so greatly abused, and so much confused as aletris farinosa, for it has been the habit of botonists, pharmacists, and authors of materia medica—until very recently—to mix the rhizomes, and rootlets of the aletris with those of the chamaelirium luteum, so much so, that our best text books on medicines and their uses are very misleading and confusing in their conflicting descriptions of them, when in reality, they are not even akin to each other, for the aletris, according to Gray, belongs to the natural order homodorcene. The bloodwort family, while chamaelirium (helonias dioica) belongs

to the natural order liaceae. The lilly family and of the malenthium tribe, or sub-family. The perplexity among gatherers and dealers has been caused by the use of common names, which are alike, or very similar, for the different plants in the same, or separate localities, as stargrass (aletris), starwort (helonias), etc., when in fact they do not look alike, smell alike, nor taste alike.

An accurate description and drawings of both plants are given in King's and Lloyd's supplement to King's American Dispensatory, published 1881. Aletris farinosa, page 23. chamaelirium, page 63.

Lloyd, says page 24, "The two roots have no resemblance, are utterly unlike, and their appearance forbids admixture. * * * Aletris is odorless, acrid to the taste, (not bitter). Chamaelirium (helonias), on the contrary is very bitter." * * * "Physicians should insure the identity of aletris when purchasing. There is no excuse for confusion, as the two plants (aletris and chamaelirium) are entirely different in appearance, the roots do not resemble each other, and are to the taste utterly unlike, and while chamaelirium has a peculiar and characteristic odor, the aletris is odorless." Page 25 of the supplement says, speaking of aletris, "This root and its preparations are almost entirely employed in dyspeptic conditions, while in the abnormal condition of the female reproductive organs, the chamaelirium is used."

Aletris, if carefully gathered and properly prepared, as in the specific or normal tinctures, it becomes one of our most useful remedies, and in the treatment of all diseases of the stomach and other organs of digestion and assimilation, especially those that are caused by a faulty nerve supply, it should always be thought of, and in combination with chamaelirium it should always be remembered in all diseases of the sexual system in man or

woman, especially the latter, which is in any way complicated with stomach troubles. Aletris alone or in combination with chamaelirium, has been a favorite prescription of mine for many years and I fail to find in my case books, a single instance of its failure, when given as indicated. In all cases, where there is a weakness or feebleness of the digestive functions, and a failure of proper assimilation, or a lack of nervous energy, I would advise the use of aletris, and when there is a weakness of the sexual powers or a feebleness of the reproductive organs in connection with the derangements of the stomach, I would recommend the use of aletris in combination with chamaelirium luteum.

A feebleness or weakness of the functions of digestion and of assimilation and the great ganglionic nervous system or of the functions of procreation in either sex, appears to be the specific indication for their separate or combined use.

Long Hill, Conn.

Cerebro-Spinal Meningitis*

BY JAMES BERNSTEIN, M. D.

Read at the meeting of the East Side Progressive Medical Society.

It is an acute infectious disease, occurring spasmodically and epidemically, is also known as spotted fever, cold plague, etc.

Cerebro-spinal meningitis is now known to be of microbic origin, the micro-organism being found in the cerebro-spinal fluid and known as the diplococcus intracellularis meningitidis. It is found also in the blood. As its name implies, the disease affects the meninges of the brain and spinal cord; the pia mater presents evidences of inflammation with the usual infiltration and exudation. This latter varies in quantity from an imperceptible amount to more than enough to fill the cerebral ventricles and the central canal of the cord.

The symptoms leading to the diagnosis of this disease are by no means pathognomonic, and therefore mistakes in diagnosis are not infrequent. There is frequently an initial chill of short duration, after which the temperature rapidly rises to 104° . The pulse is frequent, generally weak and intermittent. There is severe headache and pains along the spinal column. Constipation is the rule; the eyes are dull, avoiding light as light seems to increase the headache. There is great restlessness irrespective of temperature, delirium, stiffness of the neck, amounting in extreme cases to apisthismus, and strabismus if there be much exudate. The eruption is very variable, sometimes absent, sometimes resembling measles or scarletina. Petechia may be found as well as cutaneous hemorrhages. The only objective symptom is that known as Kering's sign, which may be elicited in two ways. First, by placing the patient in a sitting posture and attempting to extend the leg upon the thigh. The flexor muscles contract, making extension difficult or impossible. The same symptom may be observed while the patient is in the recumbent posture, by flexing the thigh upon the abdomen and attempting to extend the leg.

The prognosis depends upon the age of the patient, and the severity of the disease. In very young children the outlook is always very grave. As to treatment, the most rational for this as for all other diseases of microbic origin would be the proper antitoxin, but as we have not reached to that stage of medical progress, we have to treat symptomatically. The patient should be placed in a darkened though well ventilated room; ice is to be placed to the head and to the nape of the neck; the bowels should be briskly purged, a hot mustard foot bath is of great benefit. For restlessness, delirium

and headache, the following drugs have been recommended; phenalgin, antipyrin, bromides, cannabis indica, ergot, for the blood dyscrasia, echinacea is indicated. The surgical treatment consists in lumbar puncture and aspiration of an amount of fluid depending upon the pressure exercised by the exudate.

New York City.

Score One for Echinacea.

A. F. STEPHENS, M. D.

On July fourth of this year, Ethel Smith, while playing with a dynamite cane, the metal cap exploder came off, and while attempting to replace it she exploded a cap that was held in the exploding slot. In her efforts to fasten the metal on the end of the cane she placed the end of the stick on the ground and adjusting the metal piece to the end where it belonged, hit it with the palm of her hand. The stroke caused the explosion of the cartridge which, being of the dynamite variety, contained considerable stored-up devilment. The result was a lacerated wound of the palm of the hand which was placed directly over the receiving slot. This wound was stellate, there being three points, and each point of the star being nearly an inch in length. A circle drawn to strike the peripheral points of the wound showed a diameter of an inch and three-quarters. The soft tissues of the palm of the hand were torn from the metacarpal bones to the extent indicated. Lacerated wounds of this character usually slough more or less. In this case the wound was first examined for foreign particles of matter, after which the entire cavity was thoroughly cleansed with full strength specific echinacea, pledgets of plain gauze being used to carry the medicine to all parts of the wound. It was thoroughly done. The superficial wound was then stitched and a compress of plain gauze, wet with pure specific echinacea,

applied over the palm of the hand. On top of this there was placed another compress, wet with distilled witch hazel, with instructions to keep constantly wet. Each day the wound was redressed with the undiluted specific echinacea after being cleansed with dioxygen. The outer compress was kept wet with witch hazel. After the second day echinacea was mixed with the witch hazel in the proportion of one part of the former to four parts of the latter. The result of this treatment was that, unusual as it may seem in a wound of this character, there was no sloughing, no pus, no pain nor soreness, and the healing uninterrupted to the end. I never had as satisfactory results in the treatment of wounds before I began using echinacea as a cleanser and subsequent application by compress. I attribute the good results mainly to the thorough cleaning of the wound with specific echinacea in the beginning. In all injuries, slight or severe, if echinacea is applied, nearly all soreness will be avoided and the wounds will heal without difficulty or inconvenience. So successful has this treatment been in the case of a neighboring butcher that he always visits me after wounding himself with the knife, saw or spicula of bone as is frequently the case in the meat business. By this treatment he is made comfortable, experiences no trouble and suffers little pain; whereas in the past he would nurse a sore hand for days and sometimes weeks at a time. He thinks it is great.

You who have a tender skin and stiff beard, if you will prepare the following mixture to be used after shaving, you will never have cause to complain of irritation and burning of the face. If you shave yourself use it yourself; if you employ a barber have him keep a supply on hand for your especial benefit. The mixture is as follows: \mathcal{R} Spec. echinacea, oz. ii; per-

fume (crab-apple) dr. ii; dist. hamamelis q. s. ad. oz. vi. M. S. Apply after shaving.

The more I use the remedy the better I like it. It was certainly made for the healing of wounds.

St. Louis, Mo.

Prenatal and Maternal Impressions.

BY F. P. SINCLAI, M. D.

Apropos of the article by Dr. Bullock on the above subject in the September "Review," I wish to present two cases, without deductions, which have occurred in my practice.

Twenty-four years ago Mrs. D., Jr., farmer's wife, cared exclusively for her mother-in-law, Mrs. D., Sr., who was suffering from lupus of the left lower jaw and side of neck. The sore was horrible to view and dreadfully malodorous. Mrs. D., Jr., subsequently informed me that she never approached the patient without shuddering, nor could she think of the sore without nausea. Yet she was a patient and gentle nurse, and faithfully cared for the sufferer until death released her.

Two months after the death of Mrs. D., Sr., Mrs. D., Jr., became pregnant, and at proper time was delivered of a son, upon whose left lower jaw and side of neck was a rodent sore, horrible to look at and rankly malodorous. He was resuscitated with difficulty and survived twelve hours. The health of Mrs. D. did not seem to be impaired, and two years later she gave birth to a healthy girl.

This girl grew to womanhood, married, and in due time gave birth to a healthy daughter. Two years later she gave birth to a son without arms. The right shoulder was perfectly rounded to the side, and the left had a small fleshy mass pendent from it and overhanging an axilla. This mass was one inch long and three-fourths of an inch wide. No trace of arms could be discovered, and the bony structure of the

child seemed otherwise normal. He was a "blue baby," and lived thirty-six hours.

The parents explained that about a year before they attended a circus, and that the mother was strongly impressed by the wonderful things she there saw a man do with his feet, who had not any arms. She bought an illustrated book describing the wonder, and the man and his actions were a continuous theme with her for a long time afterward. And she did not become pregnant until more than two months after this circus episode.

Lysander, N. Y.

TO THE EDITOR OF THE ECLECTIC REVIEW,
DEAR SIR:

For the benefit of scientific research, I wish to announce to you, the result of my latest experiment, which led me to the discovery and proof of the electrical action of the life principle, in the living lungs.

On Thursday morning, September 22, 1904, I performed an experiment on the lungs of a living animal, at the slaughter pens of Messrs. Clayberg & George, South San Francisco, Cal.

Tracheotomy was performed on a living sheep, two especially prepared, small, platinum electrodes were inserted through the opening, into the cavity of each lung; these platinum electrodes were attached, by about thirty feet of insulated copper wire, to a Weston galvanometer. The instant the electrodes reached the air-chambers of the lungs, the needle of the galvanometer moved from zero point, alternately to the right and to the left, the full length of the scale, at each breath of the animal. This action proves conclusively, that there is an electrical current in the living lungs, also that the current alternates from positive to negative, with perfect rhythm, at each breath of the animal.

The introduction of oxygen into the lungs, during inspiration, accelerated the action of the needle, thereby showing that oxygen in-

creases the electrical action taking place.

In this experiment, I was assisted by Drs. H. W. Hunsaker and E. A. Lewis, also by Dr. E. H. Frost, an electrical expert all of whom reside in this City. Numerous others witnessed the experiment, and all are willing to bear witness to the details herein described.

I am earnestly yours,

ALBERT J. ATKINS, M. D.

Professor of Physiology, Cal. Medical College. President, of S. F. County Society of Physicians and Surgeons. Member of Astronomical Society of The Pacific Coast, etc.

TO THE EDITOR OF THE ECLECTIC REVIEW.

New York, September 22nd, 1904.

DEAR SIR:

Having read A. W. H.'s contribution to the September issue of the ECLECTIC REVIEW I cannot refrain from calling your attention to your correspondent's erroneous interpretation of eclecticism. Under the title of "Tempora Mutantur" he is apparently so carried away with the idea of commercialism that he entirely ignores the fact that eclecticism stands for liberalism in medicine and as such does not tolerate limitation and egotism. A. W. H. in offering congratulations to Dr. Frank Lydstone and calling him a good eclectic because of the stand he has taken in the New York Medical Journal advocating proprietorship in medical thought is certainly gravely insulting the eclectic fraternity.

It is true that most of the articles that appear in the medical journals at the present time are repetitions of what others have said long ago. There is no originality in them; in fact it would be accusing their authors of deceit to say that they intended to be taken as original. The primary motive of their being published and republished as reprints is free advertisement for their authors.

The progress achieved in medicine would have been very insignificant if we had adopted such drastic measures as patenting ideas and in this way preventing others from utilizing them for the sake of science except for a consideration; and even then Dr. Lydstone's remedy seeking to curtail plagiarism is not conclusively effective as it is still an unsolved problem, whether restrictions and prisons diminish crime.

Stop commercialism in medicine; elevate the profession and plagiarism will be at an end. There will then be no necessity for patenting ideas that may benefit humanity.

Yours respectfully,

DR. J. OSHLAG.

Therapeutics

Edited by

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

Obtaining Specific Indications.

How can we so study our drugs as to obtain a knowledge of the specific indications suggesting their employment in diseased conditions? This constitutes a question of considerable importance, and yet it is possible that no two physicians would answer it in the same way. A very good way to conduct this study, however, is to read carefully all one sees of remedies in the medical journals, and when a certain drug is recommended as having been employed with unusual success in a certain wrong of life make a note of the fact, and thereafter use the remedy mentioned as often as suitable opportunities are presented. If every case in which the medicament is employed is thoughtfully observed it is probable that much valuable knowledge may thereby be obtained. Every symptom—disease expression—presented in each case should be carefully

noted, with a view to ascertaining the most prominent feature of the particular case in which the drug exerted the most directly curative influence. If, after repeated experience, under *exactly* similar circumstances, it is found that the cases in which this curative drug influence was unmistakable all presented the same prominent symptom, or symptoms, and that in the cases not presenting these marked disease expressions, the influence of the remedy was less evident, one would, undoubtedly, be justified in believing that the prominent manifestations of disease referred to might be safely taken as the specific indication, or indications, calling for the drug being studied.

In this way one can make a very interesting study of remedies. It may be truthfully said that this experimentation and observation does not teach one the physiological action of drugs, or the "how" and the "why" of their curative influence. But, then, it cannot be denied that the study accomplishes something that is of vastly more value to the practitioner of medicine—it enables him to *know* that certain remedies will remove certain pathological conditions, and under what circumstances their most beneficial results can be obtained.

Agnus Castus.

Common Name.—Chaste Tree.

Natural Order.—Verbenaceae.

Description.—This tree is indigenous to the Mediterranean region. Its leaflets are entire and whitened underneath. The flowers are in sessile clusters, forming an interrupted spike at the end of the branches.

Dose.—Tincture, 2 to 10 drops.

Usual Prescription.—℞ Agnus castus, gtt. x to xx, water, ℥iv. M. Sig. Dose one teaspoonful every two to three hours.

Indications.—Deficient secretion of milk; excessive sexual desire; atonic condition of

the reproductive organs of both male and female.

In impotency and other abnormal conditions of the sexual system this remedy has been employed with the most satisfactory results.

Agnus castus is tonic and restorative.

The Old Classification.

There are physicians who regard the old classification of drugs as not only useless but as a positive obstacle to therapeutic progress. The time may come when our knowledge of drugs and their action may be sufficiently complete to justify such a view of the matter, but in my opinion that time is yet in the far—very far—distant future.

With most of physicians the old classification is of the greatest practical value, inasmuch as it aids them in acquiring a primary knowledge of certain remedies. For instance, when one reads of an unfamiliar drug (and there are many such) and finds that it has acted well as a diuretic he has become acquainted with one of its activities, and also thereby started in the right direction for further study. Having learned this much of the medicament, he is prepared to investigate the action of the drug with a view to ascertaining the particular kind of a diuretic with which he has to deal, and the nature of the indications which call for its exhibition in preference to other diuretics. This he can now learn by repeated clinical experience. If he had not learned from the experience of other observers that the drug would increase the secretion of urine he might have been a long time in acquiring a knowledge of this special action of the remedy. It will, therefore, undoubtedly be conceded that in such an instance as is here mentioned the old classification would considerably aid the student of therapeutics, and we might go through the list of hypnotics, sedatives, etc., and find instances in

which the entire old classification would prove of no less importance.

In our advocacy of reforms we should always try to be sure that our propositions are in fact improvements on the older methods. It is much easier to tear down an old structure than to build a better one.

Althæa Officinalis.

Common Name.—Marshmellow.

Natural Order.—Malvaceae.

Part Used.—The root.

Description.—This soft, downy and hoary green herb has a tap-shaped root. It has several simple, round, leafy and tough erect stems from two to five feet in height. The leaves are heart-shaped, pliable, and more or less deeply divided into five acute lobes. Its flowers are large, in short, dense axillary panicles, and bluish in color. The fruit is formed of numerous capsular carpels.

Dose.—Fluid extract, 1 to 2 drachms; infusion, 1 to 2 ounces.

Indications.—Renal irritation; acute dysentery and diarrhoea; strangury; inflammation or irritation of the bladder; retention of urine; hematuria; gastro-intestinal irritation or inflammation.

This is a very efficient remedy in many affections of the kidneys and bladder. It is also of value in inflammation of the bowels, and in intestinal irritation from any cause its soothing influence has been found useful. The infusion has been employed as an enema in dysentery as a means of giving prompt relief from tenesmus and general distress.

Althæa officinalis is diuretic and demulcent.

Dangers of Morphine.

In an important article on the dangers of morphine, and the remarkable fact that it requires but a few doses of the drug to cause some persons—especially females—to be-

come hopelessly addicted to its use, a contemporary writer truthfully remarks:

"It is of no use to blink the fact that the great majority of morphine users were started on the road to perdition by physicians. Of course, the doctor had no intention of leading his patient into the morphine habit, but intentions do not count in the same class with facts.

"The physician comes to see a patient in pain. It may be bodily pain or psychical pain, or just pure tantrums. Whatever it may be, she wants relief. The doctor does not know what is the matter; if he does, he may not like to speak the plain truth about it; sometimes he is indifferent, perhaps in a hurry, so he suggests morphine as the easiest way out for him.

"The patient, if new to morphine, is agreeably surprised at the quick relief of the pain, the soothing of all feeling of friction, tire, care and responsibility. The next time she has any pain, or things go wrong with her, she repeats the dose, and after that—well, there you are. She creates imaginary conditions calling for the panacea until at length the morbid craving is thoroughly established, and she is in the clutches of a demon which will hold her fast.

"There are hundreds and thousands of unsuspected morphine victims. Many of them strive with might and main to hide it, and do succeed in dissembling the true cause of their fitful spirits, capricious appetite, and unstable health. Doctors are often handicapped in treating chronic diseases by the existence of the morphine habit. Many a promising young man or woman is ruined by it; home, happiness wrecked by the fatal fascination of the drug.

"The use of morphine is full of dangers. Even physicians who well know its baleful effects, often yield to the lure. They begin by taking one-eighth of a grain just to brace them up when going out on a night service after a long hard day. It does brace them up—by calling out the reserves of

vitality—the sense of fatigue is lost, but the man is really weaker, not refreshed or strengthened. Still, it enables him to get through. He remembers and repeats the experience oftener and oftener, until he can not get along at all without the drug. Every diseased nerve cries out for morphine.

"Make up your minds firmly that you will not use morphine except in the most urgent cases. Study your *materia medica*. There are other harmless, pain-relieving agencies. In the majority of cases carminatives and sedatives will answer the purpose, used intelligently.

"Pain means tension. Get the patient warm and relaxed, the kidneys and skin acting, then a simple carminative will be all that is needed usually. Hot drinks and hot rectal injections are very useful.

"When recourse must be had to opium, there are opiates less dangerous than morphine. Never tell the patient what you are using. The hypodermic syringe gives the secret away with many people. No other preparation of opium leads to the habit so easily as morphine. Opiates given by the mouth are less apt to be suspected and more easily discontinued."

Anhalonium Lewinii.

Common Name.—Muscale Buttons.

Natural Order.—Cactaceae.

Part Used.—The plant.

Description.—This plant has many knotty protuberances, and is usually about one inch in height and one and a half inches broad. At the top of the plant there is a grayish cushion from which bell-shaped blossoms protrude. The outer leaves are dark green on the back, and have a long triangular point. The inner leaves are pale-pink in color. The fruit is an oblong berry, having seeds about the size of mustard seeds. This species is the seventh known of the Anhalonia.

Dose.—Fluid extract, 1-4 to 1 drop. In severe cases 2 to 3 drops may be administered as a dose occasionally.

Indications.—Angina pectoris; asthmatic dyspnoea; oppression in the region of the præcordia.

This agent is a superior cardiac tonic, but great caution must be exercised in its employment. Its long continued use, or its use in large doses, must be avoided. In highly wrought nervous individuals it has caused seminal emissions without erection.

Anhalonium lewinii is tonic, cardiac stimulant and sedative.

Baptisia.

In an article on baptisia, published in the *American Medical Journal*, Dr. Geo. C. Pitzer in part says:

"If given in too large doses, nausea, vomiting, diarrhoea and depression of the nervous system may result. But given in medicinal quantities, it is one of the most reliable drugs in the materia medica. While it is generally regarded as an antiseptic, and is almost universally resorted to where antiseptics are required, it is not, strictly speaking, an antiseptic. It is not a good preservative of dead animal matter, and will not prevent fermentation and decomposition; but in the living subject it has the power to prevent retrograde metamorphosis, arrest the progress of certain destructive diseases, and greatly favor the restoration of healthy conditions. We might with propriety call it a vital antiseptic in contradistinction to chemical antiseptics. Baptisia is certainly a peculiar and powerful vital stimulant, preservative and restorative in grave adynamic states. While it improves the circulation in weak conditions and apparently dying parts, its influence is no less marked upon the tissues involved. It is not simply a stimulant to the circulation in cases where its effects are so salutary, but the cellular, muscular and nerve tissues, and the blood, all share in its sanitary influence. Given internally

or applied locally where it is indicated, the effects are similar—gentle stimulation and certain invigoration; improvement of nutrition.

"Baptisia is not a remedy for asthenic fevers and acute inflammation. Its use must be confined to low states of the system, asthenic fevers, indolent ulcers and sloughing inflammation. Such conditions frequently obtain during the progress of typhoid fever, scarlet fever, diphtheria, putrid sore throat, erysipelas and small-pox.

"In lingering cases of typhoid fever, when we suspect—really know that the local ulceration in the intestines is protracting the fever, baptisia is a remedy."

Peculiar Effects of Opium.

A very interesting case is reported in a French medical journal of a young woman who several times became a victim of the opium habit. At such times she exhibited a character and habits entirely unlike those of her normal and healthy condition. In the latter she was restless, fond of change and travel, impulsive, passionate, and addicted to jealousy. As soon as she began to use opium she became quiet and sedentary in habits and tastes, careful and calculating in matters of money, instead of lavish and reckless as before. Having been cured of the opium habit, she became at once her former restless, impulsive, passionate, and unreasoning self. Becoming again an opium user, she was immediately transformed into a shrewd, cautious manager of her affairs, reason and reflection dominating instead of impulse and passion; and these phenomena reappearing again in subsequent years as she gave up or resumed the use of the drug. The usual effects of opium being the opposite of those here stated, the case of the young French woman has naturally attracted no small degree of comment.

Asarum Canadense.

Common Name.—Wild Ginger.

Natural Order.—Aristolochiaceae.

Part Used.—The root.

Description.—This plant has a creeping yellowish rhizoma, with rootlets. Its stem is short, forked, each branch bearing a leaf which is downy on both sides. The flowers are solitary and grow from the fork of the stem upon a pendulous peduncle.

Dose.—Tincture, 30 to 60 drops.

Indications.—Colic and other painful conditions of the stomach and bowels, when there is no inflammation; chronic pulmonary affections; dropsy accompanied by albumen in the urine.

This agent has a stimulating influence on the mucous lining of the intestinal tract and on the skin. It also stimulates the muscular structure of the womb. It has been employed as a parturient and in amenorrhoea, and with satisfactory results.

Asarum canadense is stimulant, diaphoretic, expectorant and carminative.

Sulphide of Calcium.

In an article on the above substance, published in the *American Medical Journal*, Dr. S. J. Smith in part says:

"Sulphide of calcium is prepared by mixing equal parts of powdered oyster shells and sublimed sulphur and heating to a white heat in a crucible, hermetically closed.

"Calcium is a valuable remedial agent in zymotic diseases, small-pox, diphtheria, scarlet fever, eczema and skin diseases in general. It is said to be a phophylactic in scarlet fever. It is very useful in boils. Given in connection with aconite it checks the inflammation in tonsilitis. Prof. Shaller says of this drug: 'The drug is decomposed in the body, the sulphate of lime passing out with the feces, and the sulphuretted hydrogen is absorbed into the blood and eliminated by the skin and the lungs. Because of this elimination by the lungs this

drug produces excellent results in diseases of the bronchial tubes, where the sputum is scanty and tough, and the cough distressing. Where the expectoration is prutrescent the character of the mucus is materialy changed and the cough relieved by its administration.

"A most important application of the sulphide of calcium is in the treatment of zymotic diseases. The septic materials produced by the disease are neutralized probably, by the presence of sulphuretted hydrogen in the blood. Acting on this suggestion it has proved successful in the treatment of puerperal septicemia, carbuncles, boils, and erysipelas when the disease has run on to suppuration. Colds that have become 'ripe' are relieved by it. Dose, from one-fourth to one grain every fifteen minutes to two hours. Get the system saturated as soon as possible."

Eclectic Remedies.

The editor of the *Chicago Medical Times* recently solicited from each of the readers of his journal a list of the remedies which the reader most frequently employed in his practice, and in response received many lists. After comparing these lists of favorite remedies, and observing their similarity, the doctor says:

"This investigation proves the breadth of the research of the members of our school, and proves them to be Eclectic in the broadest sense of the term. They delve into homeopathy, study the action of the alkaloïds, apply Schussler's principles, are thoroughly conversant with all the modern methods of the old school—all in addition to a thorough and complete understanding of the principles of specific medication. This certainly gives us a superior advantage, and entitles us to our specific identity among the schools of medicine."

For quincy, apply to the throat a bladder containing pounded ice.—*Summary.*

Tobacco Smoking.

Prof. John Uri Lloyd, in referring to an article published in the *Midland Druggist* on the results of tobacco smoking, says:

"As concerns the problem of nicotine in tobacco, it may be stated that nicotine exists in combination in tobacco, and not as free nicotine, being associated with potassium nitrate and organic substances generally to make a complex body. When tobacco is burned, the result is first a production of ammoniacal gas, which, as it is drawn through the tobacco of the cigar, reacts upon the nicotine compound to liberate nicotine, and this, together with pyridine compounds that result from combustion, and the free ammonia, as well as methyl alcohol, carbon monoxide, and other empyreumatic bodies, are drawn into the mouth of the smoker. Hence, whoever proposes to judge of the effect of tobacco smoke, and holds his thought only on the one substance, nicotine, misses a very important share of a very complex problem, the fact being that nicotine is only one of several factors."

Solid Truths.

In an article which should interest prescription writing doctors the *American Medicine* gives some solid truths which can be varified in any village, town or city in the land. How strange it is that physicians cannot see that the road to their success does not lead to the drug store. Read thoughtfully, doctor, and then purchase a medicine case and be your own druggist. The editor in substance says:

"There are in every city and village drug stores that only can be called pharmacies by a stretching of the meaning of the word beyond the recognition of etymologists. *** Looked at from the professional aspect of the physician, these stores fill their windows, advertising spaces, newspapers and bill-boards with advertisements of every nostrum which cupidity and quackery can devise, all in sharp competition with the phy-

sicians who are supposed to patronize them. And not content with this, these concerns rival the business of the nostrum syndicates by manufacturing the same kind of concoctions themselves all 'cheaper and better.' Still not satisfied with killing the doctor in these ways, they prescribe for any ailment the self-treater may describe, mix the dose and give it in 'fruit-syrup' soda water to the walking patient. From the standpoint of the temperance reformer and the citizen they also enter into the competition with the saloon, and under the name of 'bitters,' 'cough cures,' and all that, they sell the vilest of alcohol under the name of medicine. And we all submit, perhaps patronize! What a farce and a disgrace!"

Asclepias Curassavica.

Common Name.—Blood Flower.

Natural Order.—Asclepiadaceae.

Part Used.—The herb.

Description.—This handsome perennial plant has a branching somewhat shrubby stem which is leafy to the summit, and from one to two feet long. Its leaves are opposite, smooth, narrowed into a petiole, and from three to four inches long. The flowers are small, scarlet or deep orange, and sometimes blood-red.

Dose.—Fluid extract, 30 drops to 2 drachms.

Usual Dose.—30 to 60 drops.

Indications.—Capillary hemorrhage; hemorrhage from hemorrhoids; gonorrhoea, gleet and vaginal leucorrhoea; intestinal worms.

A decoction of the flowers, leaves and stalks of this plant has promptly cured many cases of gonorrhoea, gleet, bleeding hemorrhoids and other excessive discharges. The juice of the plant has been employed as an enema in hemorrhage from hemorrhoids. The leaves will check capillary hemorrhage when bound on a recent wound.

Asclepias curassavica is astringent, styptic and vermifuge.

Treatment of Cancer.

The *Medical Review of Reviews*, after considering at some length the treatment of cancer by the X-ray and radium, says that "the fact remains that no new method yet devised should be employed in the very early stages of the disease, when surgical treatment has been proven to be curative in a very large proportion of cases. Experimental methods of treatment will advance the therapy of cancer, but those who can be readily cured by established surgical methods should never be the subject of these experiments."

Cocaine and borax are incompatible on account of the alkalinity of the latter. The addition of a little glycerin is said to overcome this incompatibility by liberating some boric acid from the borax which renders the liquid acid and effects the solution of the cocaine.

In compounding prescriptions, potent substances, such as alkaloids and their salts, should always be in solution before being added to the mixture.

Wool-fat is better than petrolatum as an ointment base where absorption is an important factor. Petrolatum serves better as a protective covering.

Eye waters should always be filtered clear before being dispensed.

In the treatment of scleroderma, Dr. Shoemaker lays stress on hygienic care, tonics, alteratives, free diaphoresis, hot baths, massage and electricity.—*Summary*.

For impetigo contagiosa, Dr. Fox directs to remove crusts with hot water cloths or poultices, then apply a 5 per cent. carbolic ointment.—*Summary*.

Society Meetings

Society Calendar.

National Eclectic Medical Association. Meets at Saratoga in June, 1905. W. E. Kinnett, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at New York city, January 11th and 12th, 1905. E. H. King, M. D., president; S. A. Hardy, M. D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. Wm. H. Russell, M. D., president; Pitts Edwin Howes, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th street. A. W. Herzog, M. D., president; W. L. Heeve, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; March meeting at the office of Dr. J. A. Nordbrock, Brooklyn. H. Stoesser, M. D., president; J. A. Nordbrock, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. V. Sillio, M. D., secretary.

The East Side Progressive Medical Society meets second Friday of each month at 183 Ludlow street. J. Bernstein, president; H. Harris, M. D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thordike," Boylston street. A. W. Forbush, M. D., president; Pitts Edwin Howes, M. D., secretary.

To the Members of the State Society:

We take this opportunity to ask our fellow members to give their aid toward making the annual meeting of 1905 a grand success. This meeting will be held in the Metropolis where the newspaper reports will be scrutinized and criticized by our friends, and it should be our most earnest desire to do our utmost to have scientific essays read by the leading Eclectics of this State. The members should appreciate this opportunity and potentialize their latent energies and put forth their very best efforts.

Let us do our utmost and strive to make this meeting a most interesting and instructive one to all who attend.

It is the desire of the committee to have several clinics and a demonstration on the newer eclectic modalities. We ask the members to make their essays

short as possible, as we expect an extensive programme.

Kindly send the title of your essay to the committee:

Wm. L. Heeve, M. D., chairman, 302 Sumner Avenue, Brooklyn, N. Y.; H. S. Blackfan, M. D., Cambridge, N. Y.; Lee H. Smith, M. D., 663 Main Street, Buffalo, N. Y.; F. P. Sinclair, M. D., Lysander, N. Y.; I. J. Whitney, M. D., Unadilla, N. Y.; O. W. Sutton, M. D., Bath, Steuben Co., N. Y.; M. Grant-McGinnis, M. D., 118 W. 82d Street, New York City; O. A. Hyde, M. D., 127 E. 93d Street, New York City; A. R. Tiel, M. D., Matteawan, N. Y.

Boston District Eclectic Medical Society.

Boston, September 26, 1904.

The regular meeting of the Boston District Eclectic Medical Society was held this evening at "The Thorndike."

Among other items of business transacted was the adoption of a plan whereby the membership of the society may be materially increased by those who are interested in learning more of eclectic medication.

By the unanimous vote of those present—at the request of Dr. Nathan L. Allen, the author—the paper upon "Old Eclectic Combinations" was postponed to the November meeting.

Dr. Granville R. Johnson reported several cases of typhoid fever and outlined his general treatment as follows: First, aconite in sufficiently large doses to produce its effect; second, salol or thymol as an antiseptic for the intestinal tract. This part of the treatment is very important as the bowels must be kept as nearly aseptic as possible; third, the bath, commencing with moderately warm water and gradually reducing the temperature until it becomes quite cold; the diet, this should be liquid. I use mostly milk, malted milk, broths, gruels, etc.

Dr. Allen stated that there were two remedies which he believed always had a most important place in the treatment of typhoid. They were the minute doses of calomel—1-10-1-20 of a grain, and echinacea. He thought that every case of typhoid called for echinacea in its treatment, that that drug was one of the best antiseptics of which we have any knowledge.

Dr. Brown, speaking of the dry skin so frequently met in cases of typhoid, referred to use of minute doses of lobelia for restoring the natural moist condition of the integument.

Dr. Howes corroborated this statement of Dr. Brown's. He thought that we, as physicians, had not yet exhausted the possibilities of the minute dose of lobelia.

Dr. Allen said he would like to refer to one use of lobelia which had been attended with gratifying results. It was in cases of difficult menstruation. He commenced three days before by placing a good sized pledget, saturated with the fl. ext. of lobelia, in the posterior cul de sac. This was repeated each day for three days. It had never failed to produce a free and painless menstrual period.

Dr. Chas. Keck reported the following case: Called on the 26th of last August to see a girl 10 years of age. Her grand parents thought she was suffering from worms, but could discover no symptoms of such trouble. She had had rheumatic pains more or less for the last five of six years; occasionally some of her joints would be swollen. She complained of some pain around the region of the heart, the temperature was 102 and the pulse 120-130. She was very much emaciated. Oscultation and percussio showed that there was some enlargement of the heart. The beat was not intermittent, but so rapid that I could not count it. I administered stohhanthess for the heart

which gave the patient some relief and made her more comfortable. I gave santonin for five nights, followed the next morning by castor oil and turpentine, but there was no response. The child died on the 10th of September.

Pitts Edwin Howes, M. D., Secretary.

Eclectic Medical Society of the City and County of New York.

New York, September 22, 1904.

Our first monthly meeting of the winter session was held Thursday evening, September 22, 1904, at the College Parlors, with a good attendance and most interesting discussions and excellent case reports.

Dr. A. W. Herzog presided and W. L. Heeve recorded. Forty-five members responded to the roll call.

Dr. Krausi reported a case of double fracture of the superior maxillary bone in line with the canine eminence, on both sides the intersection being freely movable.

Under discussion, Dr. Herzog suggested consulting with a dental surgeon and advised an artificial palate and silver wiring.

Dr. Boskowitz reported a case of myelitis giving misleading symptoms in its incipency.

Dr. Hyde read a paper entitled "Endometritis." In discussing the paper Dr. Boskowitz spoke despairingly of the curette and bichloride flushings and suggested the use of galvanic current, sanguinaria and calendula.

Dr. Lloyd spoke of the material damage which followed the use of caustics and gave a short resume of the history of the treatment of endometritis.

Dr. Hyde in closing the discussion gave many interesting points in reference to treatment, calling special attention to the drugs which decrease the engorgement of the blood supply to the uterus.

We beg to notify the members that owing to the early meeting of our State Society, which meets in New York, January, 1905, the payment of their dues to the Secretary will be greatly appreciated.

W. L. HEEVE, Sec'y.

302 Sumner Ave., Brooklyn.

Query Department

Conducted by

PITTS EDWIN HOWES, M. D.

Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 25th of the month in order to be answered in the next number of the REVIEW.

D. E. G.—The season is near at hand when colds and coughs are prevalent, and these, if neglected, are apt to run into the more serious maladies—bronchitis and pneumonia. Will you please, in the October REVIEW, give me some advice as to remedies which will relieve the coughs?

Eclectic materia medica is rich in its agents adapted to the curing of colds and coughs. Among the most prominent of these may be mentioned lobelia, bryonia, sticta, gelsemium, sanguinaria, collinsonia, phytolacca and diosera. These are to be administered according to their well known specific indications. Almost every practicing physician has some favorite mixture which he uses as a vehicle in these incipient coughs. Here is one which I have used for a long time with much success: Syr. tolu, syr. senega, syr. pruni. Vig. equal parts. To two ounces of this mixture I add two ounces of water. I then add additional remedies according to the cough which I desire to relieve.

H. I. M.—Will you please give me a formula for a liniment that is especially adapted to severe strains, sprains, etc.?

There are many formulae which are well adapted to this purpose. Among them there

is none which has served me better than this: R. Tr. arnica ʒii , spts. camphor ʒi , chloroform ʒiv , glycerine q.s. ad ʒiv . This is to be applied directly to the part by means of a piece of flannel well moistened with the mixture. It should be re-applied as often as it becomes dry. There is one caution which I must give in regard to filling this prescription. That is be *sure* that the *chloroform* is the *pure* article, *the same as is used for anaesthesia*. Unless you do this you will have many failures and blame the liniment, when the real trouble lies in the fact that it has not been properly compounded. I have learned this so thoroughly that I always put it up myself. I could fill pages of this journal with accounts of cures which this liniment has wrought.

Selections

A Scotch Doctor's Opinion.

The Quarterly Journal of Inebriety, so well and favorably known through the instrumentality of its brilliant and philanthropic editor, T. D. Crothers, A. M., M. D., quotes the following statement in reference to pain relieving remedies, from one of Great Britain's noted medical men, Dr. John Stewart Norvell, resident surgeon, Royal Infirmary, Edinburgh:

"Antikamnia tablets are a remedy for almost every kind of pain, particularly for headaches, neuralgias and neuroses due to irregularities of menstruation. They act with wonderful promptness; the dosage is small, two tablets. The undesirable after-effects so commonly attending the use of other coal-tar analgesics are entirely absent and they can therefore be safely put into the hands of patients, for use without the personal supervision of the physician."

Pain.

Lord Lytton said: "There is purpose in pain." How true is the fact, especially from a diagnostic point in diseases of

women. Dysmenorrhea, that distressing manifestation of uterine obstruction most frequently caused by congestion is only one of many instances. To equalize pelvic circulation and remove uterine engorgement is the object to be attained and is best accomplished by administering Hayden's viburnum compound.

Dr. James Charles Copeland says in his "Medical Treatise" in chapter on "Menstrual Life of Women," "For Dysmenorrhea characterized by sharp, colicky pains there is nothing better than Hayden's viburnum compound."

Koch Still Adheres to His Theory.

According to recent reports, Professor Koch is not at all disturbed by the decision reached by the British Royal Commission on the subject of bovine and human tuberculosis. When this was published he was absent from Berlin, but on his return he said that he saw no reason for modifying his views, and declared again emphatically his conviction that the transmission of bovine tuberculosis to man cannot take place by means of food. Neither bovine flesh nor milk, he asserts, can transfer the disease. It is possible for a butcher at the slaughter-house to become infected by injuring himself when handling tuberculous meat, but even then the infection remains local. It causes a local sore, but no general disease. The report of the Royal Commission, Professor Koch says, does not contain a single fact to make him change his opinion, which is based on very careful experiments, not only by himself, but by other medical men of the highest standing. It is for his opponents, he says, to prove that he is wrong. He has tried for years to find a case in which tuberculosis was transferred from animals to men. Three years ago the Prussian minister for public instruction, at his request, instructed all physicians in charge of the large public

hospitals to report all cases which came to their notice of bovine tuberculosis transmitted to man, and up to this day he is waiting to hear of the first case. "Veterinary surgeons say that .5% of all cows have bovine tuberculosis, yet the Royal Commission," says Professor Koch, "cannot state a case of a man being infected by drinking the milk of such cows. How many millions are wasted by the killing of animals, the flesh of which is said to be dangerous, and for the sterilization and pasteurization of milk, which loses many of its good qualities in the process? If all these millions were spent on really practical means for combating tuberculosis, one might get the mastery over it."—American Medicine.

Human Perspiration.

Some physicians have been studying the part human perspiration plays in throwing off the poisonous products developed in the body by pathologic conditions or the effects of drugs. Sweating was induced by hot-air baths, and the perspiration collected by enveloping the subjects in sterile gauze covered with oilcloth. The conclusion reached is, that in the elimination of normal and abnormal substances the skin is comparatively unimportant compared with the kidneys.—American Medicine.

The Danger of Suprarenal Extract in Hæmopty.

Duncanson (British Medical Journal, March 12, 1904) reported a case of hæmoptysis in which both adrenalin chloride and suprarenal extract in combination with potassium bromide were employed. The pulse which was the result of the first hemorrhage had been soft, but rapidly became regular, high tension not easily compressible; the treatment being continued, the pulse became still harder, and on the third day there occurred another hemorrhage. The treatment was con-

tinued and again on the fourth day there was more bleeding. As soon as the adrenalin was stopped the patient went on to an uninterrupted recovery. He points out that those drugs which cause a rise of blood pressure, are likely to prove only harmful in pulmonary hemorrhage. Therefore, those substances which check the bleeding by constricting the blood vessels, are of value only when they can be brought in direct contact with the bleeding spot without producing their systematic action and that, therefore, although adrenalin is a valuable remedy, in the treatment of gastric and other local hemorrhages, it is more capable of harm than benefit in true internal bleeding.—The Therapeutic Review.

SELECTIONS FROM DAILY CONSULAR REPORTS BY G. W. THOMPSON, M. D.

Substitute for Cotton.

United States Consul James Boyle, of Liverpool, England, under date of May 19, 1904, sends the following extract from the London Daily Mail of May 18, 1904:

With regard to the statement that a Rochdale engineer and weaver have sold for £20,000 (\$97,330) a secret process for the manufacture of rhea fiber from ramie—a wild grass of the nettle species—Mr. J. W. Lodge, of Sowerby Bridge, writes to say that "the manufacture of this vegetable fiber is now well understood, and the initial and original difficulty of degumming has long since been overcome. To-day, I have sleeves and tops ready for spinning of the most perfect and beautiful character, and which we can produce in unlimited quantities at about 4½d. (9 cents) per pound—considerably less than the price of raw cotton. Its purity and intensity of silky whiteness, its softness and tenacity, exceed anything that can be obtained, in my opinion, from the best American or Egyptian cotton." Mr. Lodge states that he has manufactured the grass into cloth, dress goods, ropes

for lifting or driving purposes, and other articles. The material, he says, is capable of being made up into the finest plush fabrics on account of the length and tenacity of its staple.

Radium as a Remedy.

Professor Lassar recently delivered a lecture before the medical society of Berlin with reference to the results of his experiments with radium as a remedy. He, however, could not express a final judgment.

For remedial purposes the professor used either glass tubes or small lead tubes covered with mica plates, which, for easy handling, were attached to probes; in these tubes a milligram of radium is melted.

These tubes are placed very carefully upon the part of the skin to be treated and where it is specially sought to prevent inflammation. Superficial diseases of the skin of all kinds are susceptible to radium treatment.

The rays of the radium which can readily be seen in the dark upon the fluorescence screen have the effect that the part of the skin so treated begins to shrink and heals well.

Professor Lassar presented a number of patients whom he had cured by radium treatment. His demonstrations met with unanimous approval by the society. During the discussion one of the best-known Berlin surgeons declared the Roentgen and radium rays to be simple caustics.

RICHARD GUENTHER,
Consul-General.

A "Hospital Town."

When the new hospital in Vienna, of which the foundation stone was recently laid by the Emperor of Austria, is completed it will form quite a town in itself, writes the correspondent of the London "Daily Mail."

The total area covered is 2,400,000 square feet, and there will be 40 separate buildings, of which 32 will be clinics or hospitals and the remaining 8 will be devoted to offices and residences for the staff. All the clinics will have flat roofs with gardens, so that patients, particularly consumptives, can be in the open air as much as possible. Each patient will have 1,030 square feet space, the largest proportion of space allotted to a patient in any hospital in the world.

A correspondent of the *Frankfurter Zeitung* says that the ultimate cost will be from \$7,000,000 to \$8,000,000.

The hospital will be on the "pavilion" or "cottage" plan. Each pavilion, with its sick wards, operating and lecture rooms, will form a hospital by itself, and of these there will be 18. The hospital will have 2,300 beds. The magnificent operating rooms will be of a new type. In the clinics for infectious diseases the patient will be separated from the professor and the students by a glass partition.

A number of medical students will live in the hospital for the purpose of close study and observation. The latest technical achievements will be utilized throughout the institution.

Cocoons that Yield Colored Silk.

Several European newspapers have recently published the statement that Messrs. Comte and Levrat, of this city, had succeeded in so affecting silkworms, by coloring their food, that they would make cocoons yielding colored silk, thus obviating the necessity of dyeing the silk in the thread or piece.

The subject has attracted so much attention that I called upon the gentlemen in question to ask them what progress they had really made in their experiments in this direction, and received from them full information on the subject.

"In experimenting in this line," said one of them, "it is not expected that any commercial advantages will be gained or any discoveries made that will cause any changes in the industry of dyeing."

The gentlemen are engaged merely in laboratory experiments in a field which has been partially worked for the last sixty years. The object of their studies was to discover, if possible, why some breeds of silkworms produce white silk, while others produce yellow or a yellowish-green silk. Their experiments showed them that the natural coloring matter of the cocoons was identical with the coloring matter found in the leaves. It was therefore logical to believe that the color of the milk must originate in the chlorophyll of the leaves fed to the worms.

The experiments which followed, undertaken to test this hypothesis, prove that a coloring matter introduced into the intestines of a worm by means of food may, under certain conditions, reach the silk through the blood.

Thirty silkworms, hatched June 16, 1902, were divided into a number of lots and reared on small branches. One lot was fed on leaves dipped in liquid to color them.

Some of the leaves the worms fed upon were colored a slight red and the worms ate them as they eat ordinary leaves in a natural condition. They grew and developed as if fed on common mulberry leaves. The general color of their bodies became a dark red and the blood extracted from them was of an intense red.

When the cocoons were formed, August 12, a pink silk was reeled from them. The entire cocoon was of a beautiful red. To prevent the silk from being soiled by contact with the coloring matter on the leaves or by the skin of the worms, which might have been spotted by the dye, some of them (the worms) were washed and placed on freshly gathered branches

they at once began to form cocoons as red as the first lot.

Two worms that had been eating colored leaves were separated from the others at the fourth moulting (July 27) and fed for the rest of their lives on uncolored leaves. Little by little they lost the color received from the other leaves, and the silk reeled from them had only the slightest tinge of rose. In the excrement of these worms considerable quantities of red were found during the first two or three days, the quantity diminishing daily to the end of the larval period (August 14). The coloring matter contained in the blood passed into the intestines, and the red was completely eliminated in eighteen days.

The worms selected from the lot at the fourth moulting (July 23) were fed on colored leaves only during the fifth period of life, and they rendered, on August 10, cocoons as red as those of the first lot, in which the worms had been fed on colored leaves during the entire larval period. The absorption of red during the last period is therefore necessary and sufficient to color the silk.

A fourth lot was composed of worms fed on methylene blue. They ate this with less avidity; and a number, in their efforts to escape this food, fell from the branches and were lost. They formed their cocoons slowly and rendered but little silk, which was of a slightly bluish color.

Another lot of worms, the *Atticus orizaba* (this is a wild worm which does not eat mulberry leaves), were fed on leaves of the *troene*, a tree of the olive family (*Ligustrum* sp.). These leaves were dipped in a solution of picric acid. The well-known toxic qualities of that coloring matter did not prevent it from being eaten, but the worms did not relish it keenly and made no cocoons until September 4. Notwithstanding the coloring

power of picric acid the silk remained white.

Thus we see that the neutral red passes easily by osmosis through the tissues, while methylene blue passes with difficulty, and picric acid leaves no trace of color.

The varying results of the different experiments are due to the different coloring matter tried. The well-known properties of the neutral red and the methylene blue in coloring tissues marked them for experiments of this kind. As to the picric acid its absorption by the worms seemed to be so strange that the workers were led to carry on their experiments to the end. In order to give a careful answer to particular inquiries, inspired by the belief that the thread was possibly soiled by contact with the coloring matter, a subcutaneous injection was made, in the worms ready to form their cocoons, in the false feet so as not to injure any organ. These worms immediately became red without appearing to suffer in the least. They produced a slightly reddish silk.

The experiments demonstrate that the injection of coloring matter into and through the sericigene gland is less easy with the bombyx (black bombyx is a domestic worm that feeds on the mulberry) than with the *Atticus orizaba*.

From the investigations and experiments made, it is inferred that a coloring matter may be passed from the digestive tube through the blood upon the silk. The coloring matter possesses in a different degree the power to cross by osmosis the tissues of silkworms, and each race of silkworms is characterized by the osmotic power of its tissues in relation to different coloring matters, permitting the passage of some to the exclusion of others. This explains the natural coloring of the lepidoptera.

Turkish Preparation from Grape Juice.

I desire to call the attention of American grape growers to several Turkish preparations from grape juice which strike me as worthy of consideration, possibly of imitation.

Basduk.—Freshly expressed grape juice is evaporated down to the consistency of molasses. A considerable amount of flour or starch is mingled with it and the mixture is spread in thin sheets upon cotton cloth and exposed for two days to the sunshine. After drying, these are then removed from the cotton (a damp cloth being applied to the reverse side in order to loosen the sheets), and for three months they are preserved in tightly closed jars. After this period there seems to be no risk of decomposition in the product, which resembles leather in pliability and appearance, the color being that of the grapes employed at the outset.

Kessme.—This preparation differs from the preceding in that coarse wheat grits are employed instead of flour or starch, and the resultant product is obtained in cakes half an inch thick, after drying on metal plates. It is less tough than the basduk and more savory.

Sujuk (rojik, in Armenian).—The meats of walnuts are strung closely together on pieces of stout twine a yard long. These strings are immersed in the mixture of grape molasses and flour described above, and after receiving a coating about one-fourth of an inch in thickness are withdrawn and hung up to dry.

The last two are preserved for a few months in jars, as in the case of the basduk.

These three preparations are excellent articles of food, the last two being especially savory. They offer much nutriment in a compact form, and are exceptionally well adapted for the needs of the Oriental traveler.

Book Reviews

In these days of "grape cures," when unfermented grape juice is prepared on a large scale for the use of invalids and the anemic during the months when fresh grapes are not easily obtained, it might be well to consider whether these condensed forms of grape juice might not be advantageously introduced into American dietaries.

Personally, I have found these grape preparations attractive and satisfactory additions to the somewhat limited list of comestibles available in this region and exceedingly convenient when journeying.

THOMAS H. NORTON,
Consul.

Egg Tests.

A new and simple method for testing eggs is published in German papers. It is based upon the fact that the air chamber in the flat end of the egg increases with age. If the egg is placed in a saturated solution of common salt it will show an increasing inclination to float with the long axis vertical. A scale is attached to the vessel containing the salt solution so that the inclination of the floating egg toward the horizontal can be measured. In this way the age of the egg can be determined almost to a day. A fresh egg lies in a horizontal position at the bottom of the vessel; an egg from 3 to 5 days old shows an elevation of the flat end, so that its long axis forms an angle of 20 degrees. With an egg 8 days old the angle increases to 45 degrees; with an egg 14 days old to 60 degrees, and with one 3 weeks old to 75 degrees, while an egg a month old floats vertically upon the pointed end.—Richard Guenther, Consul-General, Frankfort, Germany, July 6, 1904.

Phosphate of ammonia is claimed to be a valuable remedy for acute and chronic rheumatism.—*Summary.*

"A Hand Book of Surgery for Students and Practitioners," by Frederick R. Griffith, M. D., New York City, surgeon Bellevue Dispensary, etc., etc., etc., with 417 illustrations. Published by Wm. B. Saunders & Co. Price \$2.50.

This is a book of nearly 600 pages, neatly gotten up, with flexible cover, and occupies a place between the text-book and the quiz compend.

"The Forty-fourth Annual Publication of the Massachusetts Eclectic Medical Society for the year ending June 3, 1904."

This annual report contains the proceedings of both the annual and the semi-annual meetings, together with a most interesting article on "Prenatal Influences and Maternal Suppressions," by Lillian G. Bullock, M. D. It is gotten up in a neat, presentable manner.

Dr. Pitts Edwin Howes is secretary of the society and has for several years had charge of the publication of these reports.

ITEMS.

Dr. Frances Kesnet is located at 62 East 7th Street.

Dr. J. Ohlbaum is located at 216 East 104th Street.

Dr. A. A. Greenberg is located at 87 East 4th Street.

Dr. W. R. C. Latson has located at 68 West 69th Street.

These are some of our recent graduates, and we wish them success.

Married.—Miss Edna Baum and Prof. J. C. Rosenblueth, M. D., on Thursday, September 22d.

Prepare for the State meeting. Remember it is in January this year.

Last call.—Wilder's History of Medicine and Fyfe's Materia Medica, \$3.00.

Send for the illustrated catalogue of the Eclectic Medical College of the City of New York.

Prof. D. N. Bulson, M. D., has just received his commission as health officer of Rockville Center, L. I.

Georgia is to have a new eclectic medical journal. With that veteran eclectic, Wm. M. Durham, M. D., in charge.

Prof. Joseph H. Gunning, M. D., will conduct a gynaecological clinic at the College dispensary this winter on Tuesday afternoons, from three to five.

Prof. G. W. Thompson, M. D., will conduct a clinic on internal medicine on Thursday afternoons, same time and place.

"The Nebraska Physician," with Drs. Wilmeth and Keys as editors, is promised for next month, and is to be the organ for the Lincoln Medical College.

Dr. F. W. Abbott, of Taunton, Mass., is kept busy with medico-legal work. He is either attendant or consultant in 24 cases involving suits for damages.

Dr. H. Phillips, who graduated from the Eclectic Medical College, New York, some years ago, has just settled, after an extensive trip through the country, at 69 Manhattan Avenue, Brooklyn, New York.

At the meeting of the Electro-Therapeutic Study Club, held Thursday evening, October 6th, at the College building, the following appointment of essayists was made:

November, 1904, Dr. Wyatt-Hannath; December, 1904, Dr. Boskowitz; January, 1905, Dr. Herzog; February, 1905, Dr. Waite; March, 1905, Dr. Heeve; April, 1905, Dr. Meyer; May, 1905, Dr. Krausi; September, 1905, Dr. Sillo; October, 1905, Dr. Birkenhauer.

TWO WILL TAKE WONDERFUL TRIP.

**Curtis Gates Lloyd and Thomas Lloyd
Going to the South Sea Islands.**

Curtis Gates Lloyd, authority on fungi, besides being a noted botanist, and his nephew, Thomas Lloyd, only son of Prof. John Uri Lloyd, will leave tomorrow on a scientific trip, to be gone until May.

Visit to Samoa.

In 1899 and 1900 Mr. Lloyd made a ten weeks' stay in Samoa, living there as the guest of Saipaia, a leading chief, living with the people, studying their habits and customs under the most favorable circumstances.

He made valuable finds in fungi, and secured excellent photographs and added most materially to scientific research in this line.

South Sea Islands.

The present trip will include a month's stay in the Hawaiian Islands first, and then five months' stay in the South Sea Islands.

Thomas Lloyd, who accompanies him on the trip, has spent many months at various times in Mexico and California in scientific research, and he will collect spiders.—The Commercial Tribune.

THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

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Going to Attend the State Meeting?

We sincerely hope that every member has asked himself this question and answered it in the affirmative, for the State society cannot keep up its influence unless the members keep up their individual interest and the success of the individual is largely increased by the influence of the organization with which he affiliates. The meeting this year is to be in New York city and in the College building, thus affording the members an opportunity to inspect the new building and the equipment of the school which is educating the young people along the lines of eclectic principles in practice.

President King has appointed an active program committee and the arrangements they have made insure an interesting and instructive gathering.

We expect many prominent visitors from Massachusetts, Ohio and Illinois. Can any member afford to miss this eclectic rally?

Diabetes Mellitus.

Under the above caption a very complete and instructive article, founded upon the clinical experience of its author—Dr. N. A. Graves, of Chicago—was published in the October number of the *Chicago Medical Times*. The following are a few of its interesting paragraphs:

"Diabetes mellitus is one of the most easily recognized of all diseases, from its clinical symptomatology. The important symptoms occur, usually, in this order:

"1. Muscular weakness without apparent cause; 2, emaciation; 3, thirst; 4, polyuria; 5, hunger; 6, loss of sexual power.

"Usually these symptoms come on slowly, but they may appear suddenly. When sugar is found in the urine with the above symptoms, the diagnosis is positive.

"Among the special symptoms must be mentioned the condition of the tongue, which is usually dry, red and glazed. The

gums are red, tender and swollen. Constipation is the rule. The skin is dry and harsh. Pruritus is frequent, particularly pruritus vulvæ in females. In some cases this may be the initial symptom. Chronic eczema may be present. Caruncles and carbuncles may occur. Local gangrene is an unusual though occasional symptom. The heart is weak and rapid; the body temperature subnormal; rarely there is a slight fever.

"Among the more immediate causes must be mentioned the excessive use of sugar and other carbohydrates as food, injuries, shock, violent muscular strain, tumors impinging on the floor of the fourth ventricle or involving the pancreas, and sclerosis of the cord. Under special ætiology must be mentioned those cases due to pancreatic and liver diseases.

"The first eye symptom is loss of clear vision. The eye may see an object clearly at the first glance, but this quickly changes to an imperfect or foggy look. Retinitis may occur, and frequently cataract is formed.

"Coma may appear as an early symptom and be transient, or late, and the patient die in it.

"The urine is much increased in quantity—from 70 to 200 or 300 ounces in twenty-four hours. It is colorless, has sweetish odor and taste, and is usually foamy with a specific gravity of from 1025 to 1050. Albumen is present often, and sugar constantly.

"I invariably write down on paper a list of the foods which may be eaten, and have the patient adhere to it rigidly for at least one month. At the end of this time, if sugar has disappeared and the patient is doing well, one may gradually add to the dietary. Herewith is an outline for the diet of a diabetic:

"*Breakfast*.—One sour apple; one small steak; two or three soft-boiled eggs; and coffee without cream; it may be sweetened with saccharine, but is better without it.

"*Lunch.*—Meat broth or soup of any kind; lettuce; cucumbers; pickles; boiled or stewed meat of any kind; milk; coffee, tea or buttermilk; cheese; olives; any kind of nuts except chestnuts.

"*Dinner.*—Beefsteak broiled; cheese; omelette; two or three eggs; pickles; saurkraut; lemon jelly made from gelatine; coffee.

"Such a diet must be modified and prepared in various ways to make it appetizing."

In the treatment of diabetes mellitus, as Dr. Graves well remarks, "there are few remedies that are valuable." The main reliance, therefore, must be placed upon a carefully regulated diet. Opium was long recognized as a useful remedy in this disease, but codeia is now more frequently employed by physicians who have had large experience in the treatment of diabetes mellitus. Opium and morphia are more dangerous, less efficient, and more likely to cause troublesome constipation. In employing codeia it is usual to begin with one-fourth grain three times a day, and increase the quantity administered per day one-fourth grain every twenty-four hours until sugar disappears from the urine or drowsiness is produced. Ergot has been used with some success. The dose in this case is one-half drachm of the fluid extract four times a day, gradually increased to one drachm four times a day. When pruritus vulvæ constitutes a troublesome feature of the case (as it often does), the local application of libradol will afford much relief. The bowels must be kept in good condition by mild laxatives. In this disease—as in all others—remedies yield their best results when exhibited in accordance with their specific indications. Dr. Graves suggests podophyllin, cascara sagrada, scutellarea, ergot, codeia hydrastis and xanthroxylum as possible remedies.

J. W. F.

Doctor Oshlag and Commercialism

Having read in the October issue of the ECLECTIC REVIEW, Dr. J. Oshlag's criticism of my editorial in the September number, I feel forced to answer the same, and thus use up some more of the valuable space of your Journal.

Dr. Oshlag wishes to call attention to my "erroneous" interpretation of eclecticism, and states at once what the true interpretation of eclecticism is, what eclecticism 'stands for,' as he calls it.

I am sorry to be obliged to take issue with Dr. Oshlag. I always hate to do it with my juniors in the profession. It does seem to be taking an unfair advantage of them. Yet, when challenged, what is a peaceful mortal like myself to do?

So here goes; let us bare the sword and drive home the trusty steel in defense of that, which I call true liberality, true eclecticism, but which Dr. Oshlag calls by a different name.

I must quote here the law which we go by, and which should at once settle all disputes as to whether I was right in stating that Dr. Lydston in his editorial in the New York Medical Journal and Philadelphia Medical Journal consolidated, favored the side of eclecticism or not.

The Eclectic Code of Ethics, which I advise Dr. Oshlag to read, before he again takes exception to my interpretation of eclecticism, states as follows:

"The interests and rights of medical men are as dear to them as those of any other body of citizens in the Republic are to themselves. They are entitled by the constitution of our country to the same freedom and privileges in professional, moral, social, political and civil life as are the physicians of any other school, or individuals pursuing any other vocation. And any associations or rules which would deprive them of the least portion of these rights and privileges are unwarranted usurpations, contrary to the

spirit and purpose of our American institutions and consequently of no force in law or custom."

This should easily settle the question. Is Dr. Oshlag answered? Yes, as far as the question is concerned, whether eclecticism stands for proprietorship in medical thought.

But Dr. Oshlag goes further than that. He attacks the writers of most of the articles which appear in medical journals, in stating that there is no originality in them, and that the primary object of their being published and republished as reprints is free advertisement for their authors.

Now this is not so. We all admit that there are a few articles which get into medical journals, which are written by the authors solely for the purpose of self advertisement.

But if what Dr. Oshlag says were true, would the lack of originality not react upon the author through his readers like a boomerang?

The true facts are these: That articles are solicited by the editors, because there is a demand for them by their readers and subscribers.

If the subscribers and readers of medical journals all thought as Dr. Oshlag does, would they spend their time and money subscribing for and reading new numbers of medical journals?

Indeed not. They would be content to read the few numbers that they received, perhaps as sample copies, during the first year of their medical practice.

That the authors and writers of medical articles hope that they will through the articles become known to the profession and be called in consultation or for operations by those who have read the articles is true in a great many cases, but far from being bad, this really is an incentive to the writer to do the utmost to

make his article good, original and interesting.

I admit that some articles appear in medical journals that are as chaff among the wheat, but most of them are not written by the authors with an attempt to deceive or for the purpose of self advertising, but because they like to see themselves in print. (I do not want Dr. Oshlag to take this last remark as personal.) Yet taking his letter for example, he had nothing to say, and he said it.

Thus we read fine sentiments and platitudes, to which no doubt the unthinking public would applaud enthusiastically, but which when sifted show that they are not based on sound reasoning and that although they may have a tendency to speak to the heart, they do not appeal to reason and common sense.

Thus for example, Dr. Oshlag states that the progress in medicine would have been very insignificant if we had adopted such drastic measures as patenting ideas, and in this way preventing others from utilizing them for the sake of science except for a consideration. Does this statement bear examination? Indeed not, for it is only necessary to draw attention to the progress in engineering, in telegraphy, railroading, nay all the arts and sciences, to show that it did not stop progress in any of those, and would not in medicine and surgery; nay in fact would be an incentive to the inventive and investigating mind, who would be assured, that after spending years of work on some investigation, perhaps doing without all the luxuries and many of the so-called necessities of life while pursuing his investigations, he would be assured, as I said before, that he would at least reap some of the benefits of his labors.

And further does Dr. Oshlag wish to state that were he prevented from buying an obstetric forceps for three dollars and a half, but were asked five dollars

for the same, because the inventor or his family received a royalty of one dollar and fifty cents for each forceps sold, that he would refrain from buying it, and try to get along as best he could without it?

Does Dr. Oshlag wish to state that if the inventor of intubation or his family were to receive a royalty on each intubation set sold, he would not intubate? I do not know how large the fortune was which the inventor of intubation left to his family when he died, but I am sure that judging from the "fortune" left by the average physician, it was not large enough to give Dr. O'Dwyer that satisfaction on his deathbed, which he as a benefactor of humanity was entitled to.

The fame of the father may be a beautiful thing for the children to look up to, but the merchant who dies, leaving his wife and children free from care, dies an easier death than the physician, who having labored and slaved all his life for humanity, discovers when near death that he had neglected the duties to his family for those to strangers.

It would be ridiculous to waste much time on refuting Dr. Oshlag's statement that it is still an unsolved problem, whether restrictions and prisons diminish crime.

Does he wish to deny that the copyright laws and the laws as to trademarks and the patent laws prevent infringement to a vast extent?

Does he wish to deny that the pick-pocket does not pick pockets while in prison, that the burglar does not commit burglary?

Quousque tandem, o Catilina, abutere patientia nostra?

My congratulations to Dr. Oshlag for the conclusion of his article, which I enjoyed in more ways than one. His exhortation is masterly.

"Stop commercialism in medicine; elevate the profession and plagiarism will be

at an end. There will then be no necessity for patenting ideas that may benefit humanity."

That is right Dr. Oshlag, stop commercialism in medicine and elevate the profession. And, as you may find some difficulty in doing it, let me give you the advice, which an old married woman gave to her younger sister in matrimony, when asked how best to manage a husband. Her answer was: "Feed the Brute." But as you may possibly miss the application, if I do not explain, let me say, that as long as physicians do not receive with their diploma an annuity, assuring them that as long as they practice their profession, both they themselves and their families will be free from want, and that after their death their families will be provided for, just so long in the nature of things you will fail in your attempts to stop commercialism and to elevate the profession.

A. W. H.

Pneumonia.

I have been requested to write an article for the November REVIEW giving my treatment of pneumonia. The request comes at an unfortunate time for me, as Prof. Bloyer gave his treatment in the October number of that magazine, and it so coincides with mine that an article from me on the same subject might appear to be a repetition or plagiarism.

This similiarity of thought goes to prove our foundation principle of "Specific Medication." If we fully understand the symptoms of the diseases calling for our remedies, and apply these remedies aright, it necessarily follows that we must practice alike. This is especially true in a disease like pneumonia, which nearly always presents the same prominent features or symptoms. It is for this reason that I claim greater success in our school of medicine than in that of the allopath's with their "shot gun treat-

ment of sometimes hot and sometimes cold applications, etc. If there were as much variation in our individual treatment as there is in the allopathic school then we have no better law of practice, but I am thankful to believe in a fixed law of practice which will be the same in one State as another.

Prof. Bloyer's treatment is eclectic with true specific medication and hard to improve upon. I can only emphasize all that he says and especially what he says in regard to the warm room and pure air. I firmly believe I have aborted many cases of pneumonia by putting the patient to bed in a hot room (yet well ventilated), and giving him the indicated remedies with all the water he desired and bringing on a free perspiration for twenty-four or forty-eight hours as the case demanded. In addition to the remedies mentioned by Prof. Bloyer in case we have the characteristic bloody or rusty sputum with weakness, trembling, and numbness of extremities, I give phosphorus 3x. When the lungs do not clear after the acute stage is passed I have found the following prescription of great value:

R. Specific Tinct. Sanguinaria ʒi.
 Specific Tinct. Lobelia ʒi.
 Specific Tinct. Asclepias ʒii.
 Specific Tinct. Wild Cherry ʒiv.
 Aqua qs. S. ft. ʒiv.

M. S. Teaspoonful every three hours. As to local application I think a free application of libradol, according to direction, covered with a thick cotton jacket is the best thing which can be used. It relieves the pain, relaxes the tightness in the bronchial tubes, and assists free expectoration. We Eclectics should be very grateful to the Lloyd Bros. for this addition to our remedies and to all who have not tried it already I would highly recommend its use in your next "case."

D. N. BULSON, M. D.

Original Articles

Treatment of Pneumonia*

By P. Nilsson, M. D.

Read at the November meeting of the Eclectic Medical Society, City and County of New York.

I do not intend to present you with a lengthy essay on different modes of treating this disease, but will give an outline of a treatment that has served me well in a majority of my cases.

If I am called to see the patient in the first, i. e., the purely congestion stage of pneumonia, I give small frequent doses of veratrum, aconite or gelsemium as indicated. Some good diaphoretics, such as asclepias, spirits etheris nitrosi or Liq. amm. acetatis will aid the arterial sedatives in re-establishing circulatory balance.

But when, as is usually the case, I find beginning exudation on my first visit I leave out the sedatives and usually prescribe as follows:

R. Tr. Nucis Vom. ʒss.
 Calcii Iodidi ʒss.
 Liq. Amm. Acet ʒvi.
 Sy. Tolu q. s. ad. ʒii.
 M. Sig ʒi. every hour.

Besides this I apply over the consolidated area libradol, spread thinly on paper or muslin and cover this with a layer of cotton. I leave this on as long as needed, unless it makes the patient nauseated, when I have them take it off to be re-applied when the nausea has passed over. This controls the pain present very effectually. Hot poultices I do not favor as they tend to increase the dyspnea and I object to the oil silk jacket for the same reason. The bed covering should be light and porous, so as to favor surface-radiation. If the fever is high I order sponging over the whole body with tepid water and alcohol. Internal antipyretics I have no use for, as they seldom help the tempera-

ture and certainly do not help the heart, which needs assistance on account of the extra work thrown upon it. Nitro-glycerine in gr. 1-100 doses every two or three hours helps the overtaxed right ventricle to empty itself. Meanwhile the gastric and intestinal functions should be looked after. Acidulated drinks are very refreshing to the stomach and cooling and soothing to the patient. Calomel in small doses and followed by a saline takes care of the intestinal tract. We must be careful not to give remedies, expectorants or others that will disorder the stomach. For this reason, as also because it seemed to increase the dyspnea, I have discarded amm. carb. entirely in this disease. If I add to the mentioned remedies rhustox and bryonia we have most all the remedies that may be of service at this stage.

When crisis occurs I put the patient on small doses of strychnine for the heart, amm. chloride and other stimulating expectorants to get rid of the decomposing exudates, and some general tonic, preferably one containing iron.

The diet should be nutritious, but not stimulating, throughout the fever period. I generally make use of milk, light broths, gruels, etc.

If the fever is high and the pulse soft and easily compressible I give quinine in 2 grain doses every two or three hours. This will steady the heart and tide the patient over the critical stage better than any other remedy I know of. In threatened heart failure or oedema of the lungs I rely on stimulants which will not constrict the capillaries, but throw the blood to the surface. Such are xanthoxylum capsicum spts. amm. arom. and others. Large doses of strychnine will more often than not simply accentuate and make more pronounced the disability and exhaustion of the heart.

New York City.

Mitral Incompetency.

BY A. F. STEPHENS, M. D

By mitral incompetency is meant the imperfect closure of the left auriculo-ventricular orifice, caused by rupture; contraction of the leaflets; or by dilatation of the ventricle and morbid changes in the chordae tendineæ. This condition permits of regurgitation or pouring back of the current of blood from the ventricle into the auricle. Mitral incompetency is met with more frequently than any other organic disease of the heart, and post-mortem examination shows either acute or chronic endocarditis, which is the cause of contraction and deformity of the valve and chordae tendineæ, or dilatation of the auriculo-ventricular ring. In mitral incompetency, as in those diseases treated of in my former papers to the REVIEW, compensation is maintained for an indefinite period, during which there are few, if any, symptoms calling attention to the lesion. If present they are usually manifested by disturbance of the pulmonary circulation during excitement or active physical exercise. The compensatory force is due to increased muscular development or hypertrophy of the right ventricle, hence upon violent exercise or excitement the increased power exerted by the hypertrophied muscle, acting against the force of the return current from the arterial side, the ground of the contending forces being the pulmonary organs, causes pulmonary congestion. The symptoms caused by these contending forces are temporary in the early stage of the disease. They are: palpitation, dyspnoea, short hacking cough and expectoration of frothy serum. Shortness of breath is apt to be noticeable for a long period before the final breakdown after compensation fails. As the act of compensation declines and dilatation progresses the face becomes pale, the features drawn, the lips and ears dusky and the minute vessels of the cheek dilated. Af-

ter compensation is greatly reduced and the right ventricle is unable to overcome the pulmonary tension, there follows engorgement of the systemic veins. This condition is manifested by enlargement of the liver and other internal organs accompanied by gastric and intestinal disturbances. Dropsy follows, beginning at the feet and gradually extending until the entire body becomes oedematous. The serous sacs are often involved, the scrotum becoming enormously swollen, the pericardium filled and pleural effusion.

During the progress of the disease there are intervals of interruption of compensatory action followed by a readjustment of physiological forces and the patient thinks he is going to recover, as he feels more cheerful, his appetite returns and the oedema partially subsides. But, alas! for him the difficulty soon returns, the untoward symptoms are more pronounced. Alternating thus, the disease pursues its course to the end.

Physical examination shows a prominent praecordia; enlarged area of apex-beat diffused and wavy. The area of apex dulness is carried downward and to the left, according to the degree of hypertrophy present. If the hand is placed upon the chest, palm flat over the apex a thrill may be detected which is timed to the systole. The impulse during adequate compensation is heaving and forceful, but as compensation fails the impulse grows feeble and wavering and towards the end extremely weak. The pulse is regular and full while compensation lasts, but becomes small and compressible as it fails. Percussion gives increased area of dulness to the left and right, sometimes as far as the left anterior axillary line and one inch beyond the right margin of the sternum. Both ventricles being involved dilatation gives a widening area of dulness laterally rather than vertically. A murmur is heard, systolic as to time,

whose greatest intensity is at the apex, though the sound may be loudest at the base of the heart. From the apex it is transmitted to the left as far as the angle of the scapula. In quality it is blowing. The pulmonary second sound is accentuated, owing to the increased tension in the pulmonary vessels, which is heard over the third costal cartilage and is due to right ventricular hypertrophy. Sometimes a rough, rolling or rumbling sound is heard presystolic as to time. Late in the disease a low systolic murmur may be detected which is due to a relative tricuspid incompetency from dilatation of the right ventricle.

The diagnosis is made tolerably clear by a widened area of cardiac dulness; a systolic murmur heard most distinctly at the apex and reflected to the left axilla; accentuation of the pulmonic second sound before dilatation of the right ventricle into the auricle. In mitral incompetency of mitral tension.

Mitral incompetency is to be distinguished from aortic stenosis and tricuspid incompetency. In aortic stenosis there is a systolic murmur, but it is heard most distinctly over the base of the heart and is transmitted along the large vessels of the neck, while the murmur of the mitral lesion is loudest over the apex and transmitted far to the left. In aortic stenosis the pulmonic second sound is unaffected; in mitral incompetency it is accentuated. In aortic stenosis, hypertrophy is confined mainly to the left ventricle; in mitral incompetency both ventricles are hypertrophied.

The one prominent symptom to be relied upon in the differentiation of mitral from tricuspid incompetency is the venous pulsation in the latter, caused by the backward wave from the right ventricle at systole. This symptom is observed in the veins of the neck. The murmur in tricuspid incompetency is the same in time as in mitral, but it is heard in

greatest intensity at the base of the ensiform cartilage. Attention to these details will serve to distinguish the difference between the two.

Mechanically considered, the mitral valve in the normal heart closes by act of the ventricular contraction, thus preventing a reflux of blood from the left ventricle into the auricle. In mitral incompetency this closure is incomplete and a portion of the blood in the ventricle is returned to the auricle during systole. This return wave offers a resistance to the normal current coming from the pulmonary veins into the auricle and a vortiginous movement results which gives rise to the murmur. This murmur is modified by the smoothness or roughness of the endocardial lining. The current of blood coming from opposite directions and meeting in the auricle causes abnormal distension of this chamber, hence dilatation of the left auricle follows and, as an increased amount of labor is forced upon the auricle, it hypertrophies. During the succeeding diastole the abnormal amount of blood in the auricle is forced into the ventricle causing the ventricle to exert a greater force to expel its contents and the ventricle becomes hypertrophied and dilated. The volume of blood forced into the aorta remains about normal and little change is detected in the radial pulse, but the counter force exerted by the blood which is thrown back through the unclosed mitral orifice soon impedes the cardio-pulmonary circulation and this impediment retards the current in the branches of the pulmonary arteries, causing congestion of the pulmonary capillaries. The walls of the pulmonary vessels undergo sclerotic changes which offer an obstacle to the passage of the systolic current from the right ventricle, hence dilatation and hypertrophy of the right. This abnormal tension in the pulmonary vessels causes the accentuation of

the pulmonary second sound. During the stage of hypertrophy of the right and before the heart muscle becomes exhausted it compensates the mitral defect and a balance is struck. As soon, however, as this balance is disturbed either by failure of muscular power or increase in the degree of incompetency at the mitral, the current is disturbed and symptoms of disease are increased. Congestion of the lungs is more pronounced; dyspnoea, cough and expectoration are increased and some times hemoptysis results. Then follows low arterial pressure and general venous congestion with all the symptoms aggravated.

Having a fairly good comprehension of the mechanism of the circulatory system, it is not so difficult to determine the lesion by the symptoms present. It is a good practice to trace in one's mind the natural mechanical effects and the reason therefore, that the lesions of the different valves of the heart will have upon the circulation and the different organs of the body through a diverted blood pressure.

St. Louis, Mo.

Fall and Winter Remedies.

BY W. J. KRAUSI, M. D.

The migration of the city dwellers to the green fields and woody dells, with their babbling brooks and rivers, is again a thing of the past.

The country has done a great deal for mother, child and the office blinded man. Fall is here and winter is slowly approaching, and now the question arises, what are the best remedies for this time of the year?

We might answer that for all seasons that best remedies are always those which are simple, non-poisonous, but effectual in their results.

The doctor can be compared to a soldier, who with his ammunition shoots the foe, only that the doctors ammuni-

tion consists in drugs, and his foes are the pains and ills of the human organism. The doctor's aim must be straight; his diagnosis correct, the drugs well selected and of the best quality. Yet our question is, what are the best remedies for fall and winter?

During these seasons colds are very prevalent and are usually the beginning, if uncontrolled, of serious organic diseases, with, at times, fatal termination. Among fall and winter remedies stands foremost in my experience German chamomile.

Chamomile is the ideal remedy for infants, effectual in adults and the best of all remedies for the aged. The best preparation of this drug is the specific tincture next best the German tincture. The fluid extract does not seem to me to represent the drug in its entirety. Chamomile is indicated in severe colicky pains in infants, due to disturbances of digestion, improper feeding causing irritation of the intestinal mucous membrane, or a mild enteritis. It is also indicated for infants who have caught cold on account of wearing improper clothing or who have a slight inflammation of the bronchial tubes. In fact, it is a good remedy for any cold, which is manifested by pain, restlessness, general hyperaesthesia, or acute shooting, transient or contorting pain, when the baby cries out in his sleep, when there is a tendency to spasm and sleeplessness. It is also indicated in diarrhoea with green stools, the result of reflex irritation from teething, etc.

Place from 5 to 10 drops of the specific medicine in a glass of water and give a teaspoonful every five minutes. The results will be immediate. The infusion may be used with most excellent results, giving to an infant about ten drops to the dose.

Chamomile is a most excellent and reliable diaphoretic, when given in hot in-

fusion. Particularly effectual in young girls suffering from disturbances of the menstrual flow, and is ideal when such disturbances or suppression is from a cold.

Place the girl in bed and give her a wine glass full of the hot infusion every half hour. Chamomile is a good and effectual remedy in all conditions where there is a suppression of secretions or excretions, particularly effecting the kidneys. In neurasthenic or hysterical females, where there is slight ovarian irritation or sexual disturbance due to imperfect secretion or development, chamomile is the remedy.

In old age, when there is general or partial interference with secretion or excretion, due to cold or improper digestion, chamomile is the specific remedy. There is no remedy in the pharmacopoea comparable to the remedial action of chamomile in all forms of non specific inflammation of the larynx or trachea; it has a specific action upon the vocal chords; used as a clarifier and strengthener of the voice it is ideal.

CIMICIFUGA RACEMOSA.

Cimicifuga or specific Macrotys is one of the best and surest all around remedies in those prevalent cases of colds, met with during the fall and winter months, particularly where the connective tissue structures are involved. In those premonitory stages of systemic disturbances, where there is but little fever, a general tired feeling, pain and aching in the muscles, feeling of chilliness, restlessness and nervousness. In muscular pains of the chest wall or the deep muscles of the back; in congestive dysmenorrhoea and kindred troubles it is most effectual.

Cimicifuga, in my hands has proven itself the best of all remedies in that intractable disease, Sciatica. This, as well in the acute as in the chronic form. In

the chronic form of Sciatica it must be given for months to get curative results. In acute Sciatica it should be given in hot water and the leg be kept immobile.

ASCLEPIAS TUBEROSA.

Asclepias has a very wide and useful application. To get the remedial results it is very essential that a good preparation be used. Specific Asclepias is the best, though a good fluid extract from a reliable house like Parke, Davis & Co., or H. K. Mulford, will give good results. While asclepias is designated as having mainly specific action upon the mucous membranes, my experience leads me to believe that it has a much wider range of application. It appears to have a special action upon the lymph system, having however, but little effect upon temperature or pulse. Asclepias Tuberosa is the ideal remedy for congestive colds, particularly those of pulmonary character.

In all acute inflammations of serous or mucous membranes, immaterial as to location, Asclepias will give prompt aid as an adjuvant to arterial sedatives. It should be given in ten or fifteen drop doses, repeated every fifteen minutes or half hour, preferably in hot water, especially if the skin is dry and hot.

Asclepias is very useful in flatulence, relaxes spasm, relieves pain, removes obstruction to the blood, serous or lymph circulation; relieves congestion of lungs, pleura kidneys, etc. It allays reflexes and nervous excitement. Asclepias is the sheet anchor in pneumonia, pleurisy, peritonitis, rheumatism, and passive or active hepatic congestion. In all inflammation, traumatic or idiopathic, extrinsic or intrinsic, Asclepias is the remedy.

EUCALYPTUS GLOBULUS.

Eucalyptus is an active and quickly responding remedy, giving sure and positive results when specific indications for its use are present. In colds or congestions

produced by extrinsic or intrinsic poisons, particularly where a prompt systemic, stimulating antiseptic is indicated, Eucalyptus is the remedy.

Its antimalarial and antiperiodic properties are well known, being of special value in chronic malaria, usually acts well when quinine is contra indicated or gives no results.

Eucalyptus gives most excellent results in all diseases, which show a marked increase in temperature at a given time each day. Also where there is considerable malaise and periodic muscular or bone pains.

In stomach ulceration, intestinal irritations, any condition due to poisons or leucomainic or ptomainic origin Eucalyptus gives prompt results. The oil of Eucalyptus on a little sugar in many of these cases gives the best results. It should be given in from two to five drop doses.

The specific Eucalyptus should be given in from 2 to 15 drop doses, often repeated.

New York City.

The Art of Physic 2,000 Years Ago.

BY CHARLES GILBERT PERCIVAL, M. D.

Read at the Tenth Annual Meeting of the New England Eclectic Medical Association, The Thorndike, Boston, Mass., June 23, 1904.

Even at this late day, with the many statements of recent and wonderful alleged progress in medicine and surgery, there is nothing really new under the sun. The diseases which beset the human frame in these days, afflicted the world 2,000 years and more ago, and the learned doctors of that period treated them on the same general principles, if not with such full medical knowledge.

The Old Testament is full of commands of great sanitary value; and they were an adaptation of the medical knowledge of Egypt, elaborated and developed.

The law provided for personal cleanliness, the isolation of cases of infectious disease and healthful diet. By prohibiting the use of blood as food, it held that there was a communicability of disease between cattle and men, as physicians are now maintaining against Dr. Koch, of Berlin.

The law forbade the eating of quadrupeds which did not divide the hoof and chew the cud, thus bespeaking digestive qualities; enjoined the fighting of infectious disease by fire, and forbade the use, as food, of animals that had died a natural death, of carrion eating birds, and of fish without scales and fins.

The sanitation and hygiene of the Bible are amplified and developed in the Talmud, which still gives hygienic law to the Jews. How complete is this conception of hygiene, physiology and medicine in this work of the Pre-Christian era, can be seen by a few of the diseases diagnosed in the Talmud 2,000 years before the present time, when physicians are still struggling with them; malignant throat trouble (probably diphtheria), jaundice, colic, nervous prostration, hydrophobia, gastritis, nosebleed, hemorrhage of the lungs, congestion of the brain, dropsy, malaria, ophthalmia, convulsions, tonsillitis, cancer, gout, earache, toothache, headache and a thousand other ills.

In one place the Talmud gives these five symptoms of rabies in a dog: "Its mouth is continually open; its saliva flows freely; its ears dangle; its tail is held between its legs, and it walks in by-paths."

"It is ordered that such a dog be destroyed by means of an arrow, or a knife thrown at it. Personal contact with it must be shunned because injury will be the result of contact; death, that of a bite."

The Talmud mentions a two-headed child, and that the sense of taste is de-

stroyed in the aged. The function of the kidneys was known, and an anemic condition is referred to.

Considering their limited pharmacopoeia, the rabbis did wonders with very little. For asthma, the patient is to take fennel, mint, and wormwood. For heart disease, if induced by heat, he is to be placed in water up to his neck till he is faint; then taken out, allowed to rest, and fed on lean meat roasted on coals and diluted wine.

Six things are a certain cure for nausea: cabbage, beet-root, water distilled from dry moss, honey, the maw of an animal, and the left lobe of the liver. Oil is a specific for wounds; and assafoetida, for cramps. Plasters and ointments were used for the same purposes as they are to-day.

Cinnamon, myrrh, and galbanum are recommended as good disinfectants and deodorants, as well as for embalming. Garlic was in high repute. "It nourishes, warms inwardly, brightens the complexion, and destroys cancer," says the "Talmud."

These things are given as provoking a desperate relapse in a convalescent: eating beef, fat meat, broiled meat, fowl, roasted eggs, cress, milk, or cheese, or indulging in a bath. "Some say, also, eating walnuts; others, eating chestnuts," adds the wise physician.

Aphasia must have been known; for the Talmud says that these five things restore memory: bread baked upon the coals, soft-boiled eggs without salt, mulled wine, plenty of salt, and the continued use of oil, particularly olive oil.

Even watering places and hot springs are not new. Apparently there were fashionable watering-places in Palestine in Talmudic days; for it is made known that the bathing season at the hot baths of Dinsis lasted twenty days, and that the

hot baths of Tiberius have curative properties.

Surgery was practised; for there are frequent references to blood-letting. The Talmud explains that the Biblical reference to Daniel and his three friends, "Not even the scar of a lancet was upon them," was testimony to their health of body and moral purity.

Two difficult operations are recorded: A tube passed through the cranium to the back of the eyes for relief in ophthalmia, and the Caesarian operation. There is mention of the dissection of a cadaver; and an instance is cited of the skin of the human face being anatomically removed and scientifically preserved, so as to retain, accurately, the natural features, and shape, of the original. It cannot even be said that dentistry on the American plan, supposed in Europe to be pre-eminently a product of Yankee ingenuity, is new. The Talmud disproves it. A man once vowed that he would not marry his sister's daughter because she had lost a front tooth. On hearing this, Rabbi Ishmael supplied her with a gold tooth. Naturally, the couple "lived happily ever after." Here are a few odd specimens of the Talmud's hygienic wisdom:

"If one eats and does not drink, his food turns to blood."

"Seven liquids come under the generic term 'drink' (Lev. xi. 34)—dew, water, wine, oil, blood, milk, and honey."

"Three cups of wine during supper are recommended to aid digestion."

"A soft-boiled egg gives more nourishment than six ounces of fine flour."

"The monthly eating of lentils prevents quinsy; but, as they taint the breath, they are not to be eaten every day."

"Mustard eaten once in thirty days drives away sickness; but, if taken every day, the action of the heart is apt to be affected."

"He that is in the habit of eating small fish, does not suffer from indigestion; and, what is more, such food contributes to the healthy development of the whole body."

"Use no pot for cooking which another has already used."

"If one desires to eat a hearty meal, let him walk ten times a distance of four cubits, or four times a distance of ten cubits."

"A meal without broth is no meal."

"Meat counteracts loss of flesh; and red wine, loss of blood."

"People should not converse during meals lest the food go the wrong way."

"Until one is 40, eating is more advantageous than drinking; after that age, the rule is reversed."

"A man must not marry into a family that is subject to epilepsy or leprosy."

"Oil of cloves has the effect of removing the hair and softening the skin."

"Bad bread, fresh-brewed beverages, and pungent vegetables shrink the figure."

"All vegetables eaten raw spoil the complexion; all unripe or insufficiently prepared, edibles are injurious."

"All animal food strengthens."

"Cabbage is good for food, and mangold for healing; but woe to the stomach into which turnip enters."

"The inner part of watermelons is healthful when eaten with beet-root."

"If the patient desires something, and the physician thinks he is not to have it, the former is to be gratified because 'the heart knows its own bitterness.'"

"After all meals, eat a little salt; and after all beverages, drink a little water."

"Any meal without salt does not deserve the name."

"There are eighty-three diseases which may be prevented by an early breakfast of bread and salt and a small pitcher of water."

"Pearl barley which remains in the sieve after the husks have been blown off, acts medicinally upon a patient."

"Cold water, morning and evening, is better than all cosmetics."

"There are sixty kinds of wine: the best of all is the red aromatic wine; and bad white wine is the worst."

"One cup of wine is good for a woman; two, disgraceful; three, demoralizing, and four, brutalizing."

The Talmud also gives some particulars of its medical practitioners. For 250 years preceding 50 A. D., the Essenes, a Jewish sect, practised medicine. The greatest of Talmudic physicians, however, was Samuel the Astronomer, whose medical opinions are scattered throughout the post-mishnaic writings. He was an ardent upholder of the pure water and pure air cure, and the compounder of a wonderful salve for wounds.

One of his contemporaries believed that warm water and anointing with oil would prolong life. Another physician was noted as a specialist on catarrhal complaints, which were common among the priests as a result of walking barefoot on marble pavements.

A woman analyst is mentioned in the Talmud. There is in it, also, a warning not to live in a city whereof the mayor is a physician. It is further suggested that a physician who professes to cure for nothing, is often worth nothing; but there is handed down the name of one of the earliest good physicians, Aba the Phlebotomist, who had a great reputation as a healer, and was also very charitable. His fees were left to the discretion of the patient, and were placed by the patient in a box hidden from all eyes. He helped poor students, and was a general benefactor.

Summing up the case for Talmudic hygiene and medicinal practice, one can say: "To the modern physician, the diagnosis of a disease by some Mishnaic doctor, and

the remedy prescribed, may occasionally seem curious, if not puerile; but it cannot be gainsaid that the Jews of old were, in the dim light that flickered two thousand years ago, fully abreast of their contemporaries, and, in many instances, in advance of them. The rabbinical mode of slaughtering cattle, and the subsequent examination of the carcass, are in vogue to-day, among millions of Jewish people, and has the seal of approval of the most scientific men of the medical profession.

Many of the rabbinic rules of hygiene and dietetics stand as good as they did at their inception; and their medical formulae, although now elaborated, served their purpose in a less enlightened age, and, in numerous instances, still have their excellent uses. Wise men applaud the labors of the forefathers, acknowledging that, "if these had not walked their furlong, could we hope to walk our mile?"

Hotel Navarre, Boston, Mass.

Cerebro-Spinal Meningitis.

BY C. C. EDSON, M. D.

Dr. Bernstein, in the October REVIEW says, this disease is of microbic origin, etc., and as we have not as yet found the proper "antitoxin" we must treat the disease symptomatically. Now, if the doctor had said "specifically" I think he would have hit the nail squarely on the head. Let us see: cerebro spinal meningitis is not as frequent a condition as might at first be supposed. It being a complex or compound condition. A combination of the cerebral and the spinal.

The doctor, as well as other high authorities, as for instance, the State Board of Health of Indiana, class it also as spotted fever. After more than a quarter of a century of close observation, and the successful treatment of many cases of meningitis I shall beg leave to differ with them all on that point.

Cerebral meningitis is, of course, a disease confined exclusively to the meninges of the brain; and to the extent of my observation bears no semblance to spotted fever whatever. Spinal meningitis is confined entirely to the spinal cord; this latter disease sometimes bears a slight semblance to spotted fever; and if any form of meningitis is spotted fever, this is undoubtedly it.

Cerebro spinal meningitis is a rare original condition, it being a complication of both the cerebral and the spinal, which makes the case just that more serious. But as to the matter of the treatment it makes no difference whatever as to which form of meningitis we have, the general and specific treatment being virtually the same.

In meningitis we have a few very distinct and unmistakable signs or symptoms. Specific indications some might call them. In spinal meningitis, the more common form of the disease, or in cerebro-spinal, the first symptom will be a dilatation of the pupil of the eyes, the eyes rolling upward, the head thrown back. In well marked cases there will be either a voluntary but continuous motion of one or more of the extremities, or a constant twitching of some of the muscles, usually of the face.

Our text books tell us that this disease is usually ushered in with a chill, lasting for several hours; and that the disease is usually protracted, lasting from two to ten weeks. A large majority of the cases that have fallen into my hands have started with spasms, or with the above mentioned muscular contractions; and, treated specifically, recovery was complete in from three to seven days, and without any perceptible fever. As to fatalities or unpleasant sequelae, I have never seen either where the indicated remedies were properly given. I believe that in fully nine-tenths of all forms of

meningitis the disease is spinal wholly or in part, and the point of infection can be localized along the spinal column between its processes.

As to the treatment: First, by pressure locate the seat of the disease, over and around which you will find extreme tenderness. Now take oil capsici, minims 30, aceticum, ounce 1, mix; add flour qs. to form thick paste. Sig. spread this on the skin well over and beyond the tender part and about one-fourth of an inch in thickness, and cover with a strip of soft cloth or absorbent cotton, and bind to its place. Failing to find the tender point spread your paste the entire length of the spine. This must be left in place for four hours; it will be hot, but it will not blister. If the patient is a wilful child, or the mother or nurse too tender hearted, they will remove it before it has done its work; this must not be? Impress it firmly upon their minds that it **MUST** there remain the allotted time; that the burning will cease within an hour, and that it is certainly much better to endure it than have a funeral.

Now as to the internal medication, and this includes the cerebral form as well. Tr. physostigma, (calabar bean) is the specific remedy. For an adult the dose is from one to two drops until an impression is noted, then, one drop only. Give it at first every 15 minutes, and as the disease begins to come under control lengthen the intervals to 30 minutes, and later to one hour, and after a day or two to 3 or 4 hours. For an infant, or child, the dose should be the proportionate fraction of a drop.

Provided the victim is a young infant as is sometimes the case, and the onset has been sudden and violent, and collapse from exhaustion, or other cause is imminent, small doses of ammonia aromaticum spts. frequently repeated will overcome that condition, brace the system for the ordeal, and counteract the possible

slightly depressing action of the physastigma.

For the constipation which is usually present, small and frequent doses of the triturate of podophllum is the remedy. For the retention of urine frequently met here, Tr. apis melifica is the remedy, in doses of from $\frac{1}{2}$ minum for infants to 5 minums for the adult, and repeated every hour, relief is prompt and certain.

If called to a case where the spasms are something appalling, as has sometimes occurred, I promptly place the patient under chloroform by inhalation, and hold them there until the other remedies have been prepared and applied or administered.

In many other, if not all forms of spinal irritation, from any cause. Inflammation, congestion, etc., etc., either acute or chronic, physastigma is the remedy per se, if administered in the proper sized dose. Acting through the spinal cord as its distributor, it is one of our most powerful nerve sedatives and tonics; but that is quite another matter, and may, if desired, be taken up at some future time.

Veedersburg, Ind.

Persevere With Your Anesthetic.

BY W. H. WYATT-HANNATH, M. D.

On October 13th, S. A., a well developed girl 5 feet 6 inches in height, weighing about 140 pounds, aged 18 years, a Piedmontese by birth, was brought to me with a dislocation of the left elbow, due to a fall from a street car.

She was in great pain and in a most excitable state. It took me 2 hours and 5 minutes to put her under anesthetic, and this was done by the aid of $\frac{3}{4}$ oz. of a.c. c. mixture and then, as I had no more of the mixture at hand, $4\frac{1}{2}$ ozs. of ether.

I awoke her immediately after the elbow had been put into a metal splint, and after a very slight attack of vomiting, which was quieted by the administration of a little black coffee, she had no further inconvenience.

The case may be of interest since it shows that when there is no organic lesion, perseverance will bring about the desired end.
N. Y. City.

Therapeutics

Edited by

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

Echafolta.

The above preparation of echinacea augustifolia is one of the many valuable results of Prof. John Uri Lloyd's constant study and investigation of our indigenous plants. While it possesses all of the activities of echinacea, it is free from its inert and otherwise undesirable substances, and, therefore, constitutes a most efficient and elegant preparation of a drug which is rapidly becoming—as it becomes better known—recognized by all schools of medicine as a remedy of the greatest usefulness.

Echafolta (or echinacea) does not fill a place (as is the case with some other recently introduced drugs) already well occupied by old, well tried and efficient agents, but one peculiarly its own.

In typhoid fever, and in the typhoid conditions which often occur in the various wrongs of life, it is many times a much needed medicament, and in the fever accompanying blood poisoning its sedative action exerts a controlling influence of the greatest importance. In malignant sore throat, when used internally and as a gargle, it has no superior, and in spinal-meningitis, diphtheria, scarlet fever, pneumonia and cholera infantum indications for echafolta are frequently presented. It has also been found useful in remittent and intermittent fevers.

A very interesting article on echafolta, written by Dr. John Fearn, recently appeared in the *Los Angeles Journal of Eclectic Medicine*, and it is to be regretted that space will permit the reproduction of only the following extracts:

"Applied to wounds where there has been much crushing and traumatism I know of no remedy in which we may more safely trust. About two years ago a young man called. The second phalanx of his thumb had been mashed by a steel door that had fallen upon it. When amputation was spoken of he begged me to try and save it. Both bone and flesh were badly mashed. Gauze dressings were placed around the parts and a felt splint was fitted to it. The gauze was kept moist with a dilute solution of echafolta. Every few days the dressing was removed and replaced. No other medication was used. Result, scarcely any pain, no sloughing and a perfect recovery.

"One of my patients was driving a young horse a few weeks ago. The horse took fright at the electric cars. The man was dragged a long way. The scalp was torn off from front to back, the wound extending from low on the face on the right side over the top of the head. The soft structures were literally mashed, and altogether it was the worst traumatism I have ever seen. He was taken to the Emergency Hospital where he received first care, and very good care. I saw him soon after he had left the hospital and did not think well to disturb the dressings that night. When I took off the dressings the third day some of the stiches had given way and the skull was bare. Such was the condition of the flaps that it had to heal by granulation. In front of the ear on the right side, an aneurism had formed, and the ear was pretty badly torn. My first thought was to clear out the clot and take up the artery, which was bleeding freely. But my son advised that we put on a compress and give the healing process more time; for there seemed very little recuperative power to the parts. The compress indicated with dilute echafolta was put on, and the whole traumatism was covered with gauze pads and bandages. These were kept moist continually with the echafolta solution. It took

time and patience, but the result was all that could be desired. So much of the skull was exposed that I was afraid of necrosis. But echafolta kept it sweet and brought about a perfect result. I could give more of its results in surgery, but modern journal literature is full of it.

"As an application to carbuncles after free incision, I like echafolta much, for, besides its healing power it seems to be a genuine pain obtunder. Others report the same experience as a pain reliever, especially in cancer.

"Eighteen months ago I had an attack of erysipelas of the face, the nose being principally implicated. After the fever and trouble had subsided, a small tumor about the size of a pea was left in left side of the nose. Several times this was opened, but the tumor was a fixture. It persisted so long that I became somewhat anxious as it partly closed the passage on the left side. Four months after its appearance I began the use of echafolta, adding two drams to a glass of water. The whole was drunk during the day. I persisted perhaps for two weeks; the tumor began to decrease and soon it was entirely gone, not a vestige being left to-day."

Among the most prominent specific indications for echafolta which have been approved by eclectic authors are the following: Tongue coated black; putrescent odor from excess of broken down material being eliminated from the system, as in scarlet fever, diphtheria, spinal-meningitis and typhoid fever; strumous diathesis; old sores and wounds; snake-bites and bites of rabid dogs; tendency to boils and carbuncles.

Echafolta is alterative, stimulant, tonic, sedative and antiseptic.

The dose of echafolta is from 1 to 60 drops, but it is usually employed in doses of from 10 to 20 drops.

The Rational Treatment of Dysentery.

My dear Dr. Fyfe: Since coming to

Wyoming I have treated about fifty cases of backache among the miners in the same manner as those reported in my article which you reproduced from the *Chicago Medical Times* (see August number of REVIEW) were treated, and with correspondingly good results.

In a recent newspaper I noticed the statement that the John D. Rockefeller medical mission, appointed for the purpose of discovering the microbe supposedly causative of dysentery, and also a serum for its extermination, has failed to accomplish the work for which it was created. This failure was inevitable, and it is strange that it could not have been foreseen.

The fact is simply bound to be this: If serum therapy is correct medication, nothing else is. That is axiomatic because of the nature of the very soul of bacteriology.

The above fact being accepted, along with the correctness of the microbic origin of disease, it is evident that no cures ever have been attained without anti-toxines. What are the facts? The above mentioned learned conclave of scientists, after great and patient work, announce their failure. This to them and their fellow believers is very direful, because they know (and know that the laity know) of the great mortality attending their past efforts at cure. Hence the need (to their minds) of a serum.

To present the other side of the question, I offer the following prescriptions, which were given me by Dr. W. C. Cooper, after having been fully tested by him. I have used them for two years and have lost but one case of bowel trouble. From personal observation I know that Dr. Cooper has not lost a case of bowel disorder in ten years. The formulas are just as applicable in cholera morbus, cholera infantum, diarrhoea, etc., because it is the same mucous membrane that is affected, the only difference being localization and severity:

℞ Specific nux vomica, gtt. v, specific ipecac, gtt. xv, water, ℥iv, or, as per indi-

cation, ℞ Specific aconite, gtt. v, specific ipecac, gtt. xv, water, ℥iv. ℞ Magnesia sulph. gr. x, Bismuth subnitrate, gr. xxx. Make twenty powders. The first and second hour give a teaspoonful of the liquid medicine; the third hour give one powder. Repeat the medicine in this way as long as necessary. In epidemic dysentery it is well to combine specific echinacea with the liquid preparation. Of course, in cholera infantum it is necessary to order the diet. In diarrhoea it is often necessary to first cleanse the bowels, but the treatment afterward applies equally to all. No attention is paid to germs or germicides, and yet success crowns the treatment.

Specific medicationists, with a grand eclectic materia to select from, are so busy curing people that they have neither time, need, nor inclination to be running after new causes and cures, for it is also axiomatic that a drug that will meet a condition once will meet the same condition in any person, at any time and place. The reasons for the use of the above remedies will become apparent upon considering the conditions prevalent in laxness of the bowels.

WALTER S. BOGART, M. D.

Hanna, Wyoming.

Aspidosperma Quebracho.

Common Name.—Quebracho.

Natural Order.—Apocynaceae.

Part Used.—The bark.

Description.—This tall evergreen tree is erect with a wide spreading crown which overtops all surrounding undergrowth. The upper branches are erect, the middle ones horizontal and the lower ones drooping. The lower branches have a greater abundance of leaves than those above. The leaves are opposite and of a light shiny green color. Its flowers are in axillary or terminal panicles, and yellowish in color.

Dose.—Fluid extract, 15 to 60 drops; solid extract, 1 to 3 grains; aspidospermine (consisting of the alkaloids of the bark),

1-500 of a grain to $\frac{1}{2}$ of a grain, triburated with sugar of milk.

Indications.—Asthmatic attacks and cyanosis in phthisis; short and labored respiration; cough and difficult respiration in phthisis; attacks of dyspnœa due to dropsical accumulation in the abdominal cavity; difficult respiration in bronchial catarrh and emphysema; cough and dyspnœa increased by exertion; paroxysms of dyspnœa with wheezing sounds; dyspnœa accompanying heart diseases; spasmodic asthma; diarrhoea of consumptives.

Quebracho is recommended by many physicians as a remedy for dyspnœa. It relieves the cyanosis and sense of suffocation due to embarrassed respiration, as in emphysema, capillary bronchitis, phthisis and chronic pneumonic processes. Its action is almost immediate, and one or two doses of thirty drops each have often afforded marked relief. Large doses sometimes cause nausea and slight salivation. Aspidospermine represents fairly well the activity of the drug, and is preferred by some physicians.

Aspidosperma quebracho is sedative, expectorant, astringent and antispasmodic.

Venesection a Cardiac Tonic.

In a lecture on the treatment of pneumonia, published in the *British Medical Journal*, Dr. D. B. Lees, one of England's most prominent physicians, says:

"Oxygen ranks with strychnine in the treatment of pneumonia. After *bleeding* they are powerful remedies; without the removal of blood, however, they often fail, and almost necessarily. * * * In many cases the only satisfactory cardiac tonic is *venesection*."

Oxygen, strychnine and blood letting, the approved treatment of pneumonia! Venesection the only satisfactory cardiac tonic!! Well, truly, our friends on the other side of the "big pond" must make sad work of the treatment of the disease from which the

deaths are said to exceed in numbers those from the "great white plague."

If his doctors do not soon obtain more modern therapeutic ideas it surely will be necessary for King Edward to import a few eclectic missionaries as the only obtainable means of saving the lives of his loyal subjects. In any event, it might be well for him to establish therapeutic kindergartens in the principal sections of his Kingdom and place his doctors under the instruction of eclectic teachers for a few months at least.

Alstonia Constricta.

Common Name.—Australian Fever Tree.

Part Used.—The bark.

Natural Order.—Apocynaceae.

Description.—This smooth tree has large, opposite, entire oblong leaves borne on slender leaf-stalks. Its flowers are small, white and numerous. The fruit consists of a pair of slender, smooth pods, from three to eight inches long, containing numerous flat seeds, the upper margin of which are fringed with long hairs.

Dose.—Tincture, 10 to 60 drops; powdered bark, 2 to 8 grains.

Usual Dose.—Tincture, 10 to 20 drops every hour or two, the first dose to be given several hours before expected chill.

Indications.—All diseases in which periodicity is a prominent symptom, such as intermittent and remittent fevers, etc.

This agent is sometimes employed as a substitute for quinine. It is worthy of further and careful study.

Alstonia constricta is antiperiodic, febrifuge and tonic.

The Use of Alcoholics.

In an instructive article on "Preventive Medicine," published in the *Los Angeles Journal of Eclectic Medicine*, Dr. Q. A. R. Holton says:

"Not many years ago alcoholics were believed by the laity and the profession to be

able to fortify the system against disease. But later observation and research prove the contrary, that nature's barriers against disease are weakened by the use of alcoholics and that they are the cause of ten fold more disease than they relieved or prevented. What a sad comment on medical learning and acumen is the fact that it took centuries for the profession to learn these now plain truths. The modern indiscriminate use of alcoholics had its origin in the days when it was believed they were efficient helpers in every physical or mental task. They were the constant companion of priest and preacher, lawyer, judge and jury. Even the doctor inspired all the more confidence if he was temperately intoxicated, just so he was not too drunk to ride. Having been so markedly a *particeps criminis* in this great wrong against humanity it is up to the profession now that better light has come to take the lead in helping to free mankind from this octopus. And first of all let the profession clean its own skirts. The drunken doctor is passing, his shadow is growing less and his patients fewer. Yet but recently I was called to see a sick child narcotized almost fatally by a dose administered by a regular physician, himself in a state of stupid intoxication. The railroad and other corporations, entrusted with the safety of the public, are compelling their employees to abstain from intoxicants under penalty of dismissal. Shall the medical profession do less for the safety of its patrons? Shall they, in whose hands a confiding public trusts their dearest ones in times of awful anxiety, go to their delicate task with unsteady hand and muddled brain? The time has come when no man who is addicted to the use of intoxicants should be allowed to practice medicine any more than a man addicted to the same habit should be allowed to run a railroad engine. Having set itself right the profession would then be better able to unteach the errors of the past."

Alstonia Scholaris.

Common Name.—Dita Bark.

Natural Order.—Euapoeayneae.

Part Used.—The bark.

Description.—This large tree has smooth entire thick leaves in whorls. The flowers are small, white and numerous. Its pods are slender and over a foot in length.

Dose.—Tincture, 20 to 60 drops; powdered bark, 2 to 10 grains.

Indications.—All diseases in which periodicity is a marked symptom, such as malarial fevers, etc.

Alstonia scholaris is antiperiodic, febrifuge and tonic.

Acetate of Potash.

In an article on the above named remedy, published in the *American Medical Journal*, Dr. George C. Pitzer in part says:

"This is a white salt, very deliquescent in the air, dissolves readily in half its weight of cold water, and in about three parts of alcohol. To preserve it in a dry state it should be kept in well stoppered bottles. But if exposed to the air, and deliquescence takes place, the virtues of the drug are not impaired; we simply have a fluid—a saturated solution—instead of a dry powder. For use: \mathcal{R} . Acetate of potash, \mathfrak{z} ii, water, \mathfrak{z} iv. M. S. One tablespoonful every two to four hours. Each dose should be largely diluted with water. If the saturated solution is used: \mathcal{R} . Saturated solution of acetate of potash, \mathfrak{z} ii, water, \mathfrak{z} iv. M. S. One tablespoonful every two to four hours, and diluted with water as in using a solution of the dry salt.

"Acetate of potash is a renal depurant, increasing waste through the kidneys. It materially augments the amount of water as well as the solid matters in the urine, and is one of the best diuretics at our command. Not that it so greatly increases the flow, but it renders the urine alkaline, and promotes the elimination of effete materials through this avenue, and thus clears the

system of vices that frequently aggravate or prolong disease. It is useful in malarial fevers, and especially in chronic intermittents, when every organ of the body suffers from impairment. In some of these cases general dropsy results, owing to a sluggish condition of the skin, liver and kidneys. While apocynum, digitalis and jalorandi, with an occasional dose of podophyllin or leptandrin, may greatly benefit these patients, nothing will so speedily afford satisfactory relief as acetate of potash. Under its influence the dull headache is cured, the patient rests better, the skin clears up, oedema disappears, and convalescence is an established fact. It is also a valuable remedy in rheumatic fevers, as well as in diseases of a malarial and drop-sical character. Its influence in rendering the urine alkaline, and increasing its solid constituents, gives it great importance in the treatment of this class of diseases. Alternated with salicylic acid, we have but little trouble in speedily relieving the severest cases of articular rheumatism in a comparatively short time. Elimination through the kidneys is too often neglected. Doctors are prone to fix their minds upon the liver, spleen, or nervous system, and neglect the kidneys. We should remember that every vital organ has a function to perform, and that the kidneys have an exceedingly important office to fill in the animal economy. And whenever we know, or even suspect, that the kidneys are not depurating properly, we should resort to the use of acetate of potash, for it is certainly one of the best drugs in the materia medica to increase their functional activity.

"It not infrequently happens that dropsies result from imperfect renal depuration during the convalescent stage of scarlet fever, small-pox and typho-malarial fevers. Here the acetate of potash, with digitalis and apocynum, are the appropriate drugs.

"As a deobstruant and alterative in chronic skin diseases, acetate of potash is exceedingly useful. Even in old syphilitic

eruptions it will frequently aid materially in clearing up the skin."

Ignatia.

Dear Dr. Fyfe: I wish to say a few words in reference to ignatia. I used it to aid venous circulation, but found it to possess qualities not heretofore ascribed to it so far as I know. First, it is a direct aphrodisiac, and, second, a hyperesthetic. Its effect is not confined to the genital organs, but it increases the sensibility of the whole surface of the body, as well as the cardiac nerves, and, in my opinion, if its use was continued it would cause angina pectoris. After its use the least stroke or touch would cause pain, in a very sensitive person, as if the spot was sore.

Guffey, Colo.

J. R. ROE, M. D.

Bread Pills.

Some of our most successful physicians use nothing but bread pills, or a placebo, to "aid" nature, in certain cases, working a psychic influence on the mind of the patient to restore health.—*Medical Arena*.

Steady, there, brother. Steady. Oh, by the way, doctor, would you mind mentioning by name one or two "of our most successful physicians who use bread pills?"

In speaking of the work being accomplished by the several schools of medicine, Dr. R. L. Rigler, in the *American Medical Journal*, says that "while other schools are advancing in certain therapeutic lines, the Eclectic school is advancing in another, the combined effects bringing up at the same end, namely, the greatest good of humanity." This would seem to constitute a sufficient reason for the existence of separate schools—they work along different lines of medical progress.

Oh, yes, it is true enough that Dr. Oliver Wendell Holmes suggested something about feeding drugs to his dog; but, then, we shouldn't be too hard on Oliver, for it is a fairly well established fact that his knowledge of drugs was never overburdening.

Society Meetings

Society Calendar.

National Eclectic Medical Association. Meets at Saratoga in June, 1905. W. E. Kinnett, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at New York city, January 11th and 12th, 1905. E. H. King, M. D., president; S. A. Hardy, M. D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. Wm. H. Russell, M. D., president; Pitts Edwin Howes, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th street. A. W. Herzog, M. D., president; W. L. Heeve, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; March meeting at the office of Dr. J. A. Nordbrock, Brooklyn. H. Stoesser, M. D., president; J. A. Nordbrock, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. V. Sillo, M. D., secretary.

The East Side Progressive Medical Society meets second Friday of each month at 183 Ludlow street. J. Bernstein, president; H. Harris, M. D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thordike," Boylston street. A. W. Forbush, M. D., president; Pitts Edwin Howes, M. D., secretary.

The Texas Eclectic Medical Association.

The twentieth annual session of the Texas Eclectic Medical Association was held at the Y. M. C. A. building in Galveston, Texas, on Tuesday, October 11th. It was an interesting and enthusiastic meeting and many excellent papers were presented.

Professors Lloyd, Russell and Helbing were among the visitors and added much to the interest of the meeting.

Among the very active workers in this association we find Doctors Gates, of Waco; Johnson, of San Antonio; Daniels, of Honey Grove; not forgetting Dr. L. S. Downes, in whose city the meeting was held and who acted as host for the meeting.

Eclectic Medical Society of the City and County of New York.

The regular monthly meeting was held at the college parlors, Thursday evening, October 20, 1904. President Herzog pre-

siding and Secretary Heeve recording.

Forty-four members responded to the roll call.

An essay entitled "Diagnosis," was read by Dr. Krausi, which brought out a lively discussion.

Dr. Nilsson presented an essay entitled "Treatment of Pneumonia."

Prof. Boskowitz in discussing the paper called attention to the proper hygienic surroundings, fresh air, keep the patient warm, and the dean thought that these suggestions were as essential to accomplish a cure as drugs. "Our first object should be to establish free diaphoresis, and if cut down to a single drug he would select asclepias. In the very early stage of congestion (which the physician seldom sees) a good vomit may abort by sending the blood to the surface; this was the practice of our sterling forefathers and it held good to-day. Veratrum in the full bounding pulse, application of heat and not cold; poulticing, but be cautious and do not trust poulticing in the hands of an ignorant attendant. When the heart becomes weak it is his method to start early with xanthox, collinsonia, cactus, and if serious effusion is present give apocynum. Panopepton is his ideal for diet.

In the second stage, when we find dry rales and expectoration is delayed, podophyllin in one-tenth grain doses every 3 to 4 hours will start the expectoration better than any known drug.

The paper was further discussed by Drs. Toms, Krausi, Hyde and Bernstein. The discussion was very interesting, coming from a pioneer in the treatment of this disease, and the absentees missed a heap of good sound facts.

Dr. Boskowitz was appointed essayist for our next meeting. Dr. Greenberg, Dr. Phillips and Dr. Latson were proposed for membership by Dr. Boskowitz and endorsed by Dr. Herzog.

We then adjourned.

W. L. HEEVE, Secretary.

Boston District Eclectic Medical Society.

Boston, October 24, 1904.

The regular meeting of the Boston District Eclectic Medical Society was held this evening at "The Thorndike." After the usual preliminary business was transacted Dr. Miles reported the following case:

The patient was a lady some 46 years of age. In her early life she had been in good health but some 12 years ago she came to me with what I diagnosed as a floating kidney, and my diagnosis was confirmed by others. After about a year and a half, and it was thought advisable that an operation be performed and the kidney fixed. She had been occasionally skipping time during her menstruation and at this time had missed three months.

She went to the city hospital to be operated upon and after being etherized it was found that she was pregnant, and, of course, the operation was not performed. She went on through her pregnancy very comfortably indeed, as is usually the case where there is a floating kidney; she went her full time. I chanced to be away just at the time of her confinement and one of our prominent obstetricians attended her. She had a good labor and progressed well in every way.

Very soon after her delivery she began to suffer more or less from the floating kidney and when her child was about six months old, the kidney was fixed and the operation seemed to be successful as she went on for a period of about three years with no difficulty. Then the kidney broke away and she remained for some three years without an operation, when the kidney was fixed again.

I would like to say here that every effort was made at both operations to make some arrangement in the way of a support for her which would give comfort and keep the kidney in place. After trying different things her attention was

called to the advertisement of the "Nemo support"; perhaps you may have heard of it, perhaps not. She procured one and it has been of very great benefit to her.

On the 20th of September last, I was called to see her. On the 18th she had done her day's work, eaten heartily at night and during the night she vomited and had an attack of, as she supposed, severe indigestion. She suffered greatly all day of the 19th and morning of the 20th. I saw her on the afternoon of the 20th. Her pain seemed to be almost entirely in the stomach, about down to the umbilicus; it hardly extended either to the right or left hypogastric region to any extent. It went on during the 20th and 21st and I supposed she was getting relief from what I had prescribed for her, but was sent for on the 22nd and found that the pain was continuing and not only in the same region but it had spread over the entire abdomen and was especially severe in the right side, extending down into the iliac region. The vomiting had ceased and she complained that the pain was very much as it had been when the kidney was displaced, especially when she moved in bed—she could not sit up.

I saw her twice the day of the 22nd; twice on the 23rd. Now the pain seemed to subside entirely upon the left but continued on the right side and down into the iliac region. I queried whether or not I had a case of appendicitis and called in a consultant who is a very fine surgeon and diagnostician. I consulted him in the case because he was the man who had fixed the kidney the first time.

After a careful examination we were left in doubt as to whether or not it was a case of appendicitis but, as he remarked, "the case was worth our closest attention." Then the question came up, "can it be that there is a gall stone there, or any difficulty in that direction," but the whole history of the case seemed to elim-

inate that thought and certainly there were no indications in that region which would lead us to suppose that such might be the case, and, therefore, we gave it very little attention. Two days more went by and the pain had subsided entirely in the left side and very largely in the right, except in the iliac region. The consultant came in again; we went over the case very carefully and were both satisfied that the kidney was involved and rather believed it had broken away and that there might be some inflammation there. We finally decided that the hospital was the place for her, as we were satisfied it could not be appendicitis but must be some difficulty about the kidney.

On the 26th of September she went to the city hospital where she received the closest attention of one of the leading surgeons of Boston. The operation was made on the 6th of October and up to this time she had been under the observation of some of our best surgeons. The doctors disagreed, some thinking it was a floating kidney, some omentum. When the operation was made it was found that there was no indication of the kidney being involved at all, but a gall stone as large as a good sized walnut was removed. Some of the surgeons at the hospital had thought of gall stones, but not one of them really supposed that was the difficulty.

All this goes to show how one may be led astray, for if there had never been a floating kidney our thoughts would not have been in this direction, but the fact that she had suffered in that respect, and twice the kidney had been fixed, obscured things very much. She made good progress after the operation, though she has not yet returned to her home.

Dr. Howes made inquiry as to how the gall bladder came to be in that situation.

Dr. Miles replied that it was displaced a great deal and was very much distended, though not broken away.

Dr. Howes raised the question as to whether or not the gall bladder was in a natural position, such as would be found in a normal subject.

The question of temperature was brought up and Dr. Miles stated that it did not rise above 100.

Dr. Phillemore stated the following case: I had a case very similar to the one just given. The history of the patient was very good, a married man, father of three children. When I was called to him he had been struck with a trunk; had quite a little fever, considerable pain and vomiting. I queried whether or not I had a case of appendicitis. I told the family what my suspicions were and had him sent to the Massachusetts General Hospital and the case passed out of my hands for a matter of about three months. Heard nothing from it. One day I was called to him again and found him greatly changed. From being a large, stout, heavy man he was very much emaciated. His neck was very small and face sunken; in fact, had the look of a marasmus child. He was also very yellow. I asked what had been done with him in the hospital and was told that he had been operated upon for appendicitis. It was, however, discovered that he had gall stones, about a dozen being removed. He also had cancer of the liver and I had him on my hands for about four months, when he wasted away and died from exhaustion.

Dr. Miles reported the following case: That of a woman about 46 years of age. Had not seen her for more than two years, until about eight weeks ago when I was called to see her. Found her with legs intensely swollen, both right and left, but more particularly the right. Had begun to extend up into the thigh. There was no question regarding the diagnosis; it was a liver disease. I have never seen

urine more effected with the biliary properties. She passed one day nearly two quarts of urine. After about four weeks of treatment the abdomen began to be bloated and she went to the city hospital about two weeks ago. After being there four or five days they took away about two quarts of water.

Dr. Allen gave report of a case of a young lady who was struck by the pole of a four horse dray, while walking on the sidewalk and brought up the inquiry whether or not such a blow, if severe enough, could produce appendicitis.

Dr. Phillemore said that a severe blow anywhere would produce inflammation.

Dr. Howes: If the appendix was in its normal position, I do not see how it is possible for a blow of that nature to effect it, but if it should happen to be abnormal and the blow be where the tissue is thin, then it is possible, but not probable.

Dr. Allen: My examination of the patient had to be entirely external. The mother was with her (she was a young girl of about twenty years of age) and was not willing that I should make a vaginal examination.

Dr. Miles reported the following case: Dr. Marcy, of Cambridge, was called at one time to go to Bath, Me., to operate for a case of appendicitis and to go in all haste. He went prepared for the operation. The lady was the wife of a prominent physician of Bath. When the doctor arrived he found the husband and two other prominent physicians awaiting his coming for the operation. The doctor made his examination and his diagnosis and found it to be not a case of appendicitis but of salpingitis.

Dr. Howes reported a case as follows: I was called on Wednesday last, to see a

young man of 22 or 23 years of age. Saturday he had a slight chill; stayed in the house Saturday and Sunday, taking home remedies. Monday thought he could work but he felt so badly that he went back home. Had a slight chill Monday afternoon. Tuesday he felt pretty well but not well enough to go to work. Wednesday morning he said he felt quite like himself and telephoned that he would come to work that evening. About three o'clock Wednesday afternoon he had another chill and his sister thought it had run about long enough and I was called. Found the pulse rapid, bounding, running perhaps from 90 to 100 per minute. He was sitting up but his temperature was almost 104. Had a little cough and some pain. Said he had had no movement from the bowels for three days to amount to anything. Prescribed veratrum, lobelia and a cathartic. Told them I would tell them what I thought the trouble was the next morning. When I arrived the next morning found that he had perspired some, and had had a very free operation of the bowels. The pain still continued, in fact, he could not move without it. It looked to me like a case of pneumonia, and I resorted to that remedy of Dr. Perrins, the onion poultice. I stayed there and told them just how to make it, directing them to change the poultices just as rapidly as they became cool.

I saw the patient about twelve hours afterward and the pain had subsided a great deal. I took off the onion poultice and put on a flannel covered with lard and grated on as much nutmeg as the lard would hold. This was changed once in twelve hours. Continued the veratrum and lobelia and added sanguinaria. The next morning found him much better and from that time on he recovered very rapidly.

Electro-Therapeutic Study Club.

The Electro Therapeutic Study Club, which was organized a month ago, held a very interesting meeting on Thursday, November 3rd, in the assembly room at the college.

Doctor W. H. Wyatt-Hannath, the host, presented an elaborate essay on the use of the high frequency current which received the close attention of those present. An informal discussion followed, many questions being asked of the essayist which he courteously answered. And as they referred largely to the form of apparatus used the society had the benefit of a very thorough and complete description. All present agreed that the meeting was interesting and instructive along practical lines.

Book Reviews

Visiting and Pocket Reference Book for 1905, the following is a comprehensive contents: Table of Signs and how to keep Visiting Accounts, Obstetrical Memoranda, Clinical Emergencies, Poisons and Antidotes, Dose Table, Blank Leaves for Weekly Visiting List, Memorandum, Nurses Addresses, Clinical, Obstetrical, Birth, Death and Vaccination Records, Bills Rendered, Cash Received, Articles Loaned, Money Loaned, Miscellaneous, Calendar 1905, 126 Pages, Label Binding, Red Edges. This very complete Call Book will be furnished by the Dios Chemical Co., of St. Louis, Mo., on receipt of 10 cents for postage.

Items

The Beachonian Society (Eclectic Medical Students' Society) expect to have a reception and ball early in December. Encourage them by attending.

Have you answered that polite note you received from Chairman Heeve?

Remember, State Society will meet on January 11th and 12th, and it is important that you be there.

We have to omit the "Query Department" from this number. It will be allowed double space in the next issue.

Dr. P. Nilsson has removed his offices to 110 East 84th Street. He is one of the busiest of our East Side practitioners.

The December REVIEW will contain an interesting article on the treatment of pneumonia, by Dr. A. F. Stevens, of St. Louis.

We had a very pleasant visit from Dr. H. P. Hubbell, of Stamford, N. Y. The doctor is thoroughly interested in everything that pertains to eclecticism.

B. F. Smith, M. D., of Westwood, N. J., has just opened dental offices at 227 West 23d Street. Dr. Smith is a graduate of the Eclectic Medical College, New York.

By some mishap at the printers, the article on "Aletris Farinosa" appeared last month without the name of its author. We therefore apologize to our readers and to the author, Charles N. Gallup, M. D., of Long Hill, Conn.

Doctor Henrietta Tienken is one of the busiest of our recent graduates. She is located at 249 Avenue A, and has a branch office at the National Biscuit Company, on 10th Avenue, and is the first assistant at Prof. Gunning's gynecological clinic.

THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

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1904 Review.

In our January greeting we assured our readers that the standard of the REVIEW would not be lowered, and that we felt sure that each subscriber would get full value for his dollar. We think all will agree that we have fulfilled that promise. The REVIEW has had a most successful year. Its subscription list and advertising patronage have both increased showing that advertisers and readers appreciate the effort we have made to present a practical and helpful medical monthly. The REVIEW extends to all the compliments of the season.

New York State Meeting.

Saratoga Springs, N. Y.,
December 15, 1904.

Dear Doctor:

The next annual meeting of our State society will be held in the college building, New York City, on Wednesday and Thursday, January 11th and 12th, 1905.

Plans have been made for a very interesting meeting and the program is to include papers from our most able writers as well as clinics by our college professors.

As you know, our college building has been remodeled and it is an ideal meeting place for our State society, and the presence of this body in session during the college year will aid greatly in enthusing and instructing the student body in Eclectic principles and practice as well as creating a desire amongst them to become members of this organization after graduation.

My professional brother, will you not be present and aid by your presence, at least in making the meeting, as we believe it will be, the largest and most successful which has been held in many years?

As has been announced before, some of our national officers are to be present

as well as many representative Eclectics from neighboring States.

Doctor, if you have been one of the faithfuls, we know you will be present; if you have not affiliated or have not attended of late, YOU are the one whom we especially invite and urge to be with us; both for the mutual benefit which will be derived and to fulfil a duty which we believe we all owe to the society and the cause.

Begin to plan now to be present.

Yours cordially,

Earl H. King, M. D.,
President.

Better Provisions for the Insane.

It must be gratifying to all who feel an interest in our afflicted fellow beings to know that the New York State Lunacy Commission has accomplished such a vast amount of work as it has during the past three years, and that this work is all in a line which makes for greater good to a large class of unfortunate persons who are under the care of the commonwealth.

An abstract of the report of this Commission shows, among other important results, that the following work has been accomplished:

The development of a definite and better policy in the matter of provision for the care of the insane by the State, and one which will undoubtedly be applicable for years to come; improvement in the means and methods of treatment of the insane; large additions to the means of treatment in asylums in the way of surgical operating rooms, hydro-therapeutic apparatus, and numerous electrical, medical and surgical appliances; a new pathological laboratory established in connection with the hospital on Ward's Island, where original work is going on in the various departments of medical science relating to psychiatry, and where a

majority of all the physicians of the fourteen State hospitals have been instructed in modern psychology, pathology and treatment of the insane; arrangement of study of the clinical side of patients admitted to the State hospitals so as to not only present a picture of the mental condition of such persons, but to make a record of the patient's physical abnormalities as well; the introduction of a system of careful registration of each patient restrained or isolated; an improvement in the facilities for discovering and deporting alien insane; the adoption of a more satisfactory dietary and a larger ration than that allowed under the former system; the establishment of a summer colony at the lake shore for convalescent and curable patients, in connection with the Rochester State hospital, and also a colony for the insane in the Champlain regions on the same principle as the Craig colony for epileptics; the establishment of a psychopathic hospital in New York City; the appointment of a medical inspector for the more continuous supervision of the thirty-three private asylums of the State, and caused to be made numerous improvements in such private retreats; the appointment of a board of consulting specialists at a number of the State hospitals, which has resulted in great benefits to the institutions concerned.

The medical service has been improved by greater care in selecting medical officers, and it is now proposed to make some arrangement with the Civil Service Commission which will enable the hospitals to secure better medical assistants.

There are now about 25,000 insane persons in the State, and the constant addition of alien and non-resident insane, together with the natural accumulation of insane dependents, will soon lead to a demand for much greater accommodations for the insane. During the past

three years 5,147 new beds have been added.

In the space which can be given to a REVIEW article it is impossible to more than briefly refer to the most important part of the work accomplished by this efficient Commission, but enough has been said to establish the fact that it is entitled to the hearty co-operation of every citizen of the State. J. W. F.

Original Articles

The Treatment of Pneumonia.

BY A. F. STEPHENS, M. D.

It is almost utterly impossible to believe that any one, with a knowledge of the physiological relations of the lungs and heart, and the pathological conditions of the same organs in pneumonia, would think of administering the remedies commonly used by the dominant school of medicine in the treatment of this disease. Under the treatment employed by the so-called regular school, there is reported a death rate of from forty to forty-five per cent. The average old school physician expects to lose forty-five out of every hundred patients who have pneumonia, and for humanity's sake, if not for his own, he ought to be willing to weigh the evidence offered by the eclectic and homeopath, or any one else who can show a lesser death rate than he, especially when the difference is so great as forty per cent. But stubbornness is the long suite of many a doctor, and they will not hear "tho' one arose from the dead". To tell the man who is killing (a pretty ugly word but I have to use it) forty-five per cent. of the people who are sick with pneumonia, that he ought not to lose more than five per cent., is to talk in an unknown tongue so far as he is concerned. But such is the testimony from men who do not speak falsely, and who from experience, know whereof they speak. Why then do so many die?

That we may prescribe a safe treatment in this most appalling disease, let us have a good comprehension of the phenomena which accompany it, and a thorough knowledge of the relationship of the organs involved and what is required of them. The tissue changes are in the lungs but the pathological phenomena arise from associate organs as well. We know that in health the heart must deliver to and through the lungs, all of the blood in the body in a given time. The circulation capacity of the lungs in health is 100. During the time this capacity is maintained, the act of circulation is carried on with ease and comfort to all the organs concerned, with a normal cardiac rhythm of 72, more or less, in different people. Now let us suppose that in an inflamed lung as in pneumonia, one-half of one lung is affected, there would be, therefore, a loss in capacity of one-fourth and the blood must be forced through the unaffected three-fourths of lung tissue. That this may be completed on time two things must happen, i. e., the heart must act with greater rapidity and also with more force. In other words, it must step faster and pull harder. Let me draw a picture in comparison, which you have seen no doubt, many a time. A horse is drawing a heavy load with comparative ease on a level driveway. It comes to an incline in the road. What happens? Watch the horse. He begins to increase his speed as he ascends. His muscles stand out, every fibre tense. His breathing becomes labored and as he nears the summit one can see that he is greatly exhausted. Now this is just what is happening to the heart in pneumonia. Increased activity raises the temperature and exhausts. The pulse is increased in frequency and is more forceful; is full and bounding. Every act shows nervous excitement. What result would we anticipate in the case of the horse if the

driver should take it into his head to beat the animal on the head with a club repeatedly? Surely a few staggering blows would sadly interfere with his efforts to climb the hill. Then what are we to think will result in the case of pneumonia when blow after blow is dealt the over-worked heart? Surely, it is not difficult to see that half must die. Forty-five out of every hundred persons will die who are unfortunate enough to have pneumonia and foolish enough to send for a physician who will not see the danger to human life from the treatment pursued. It is as necessary to know what not to do in pneumonia as to know what to do.

The doctor sees the high temperature and thinks the patient will be consumed unless something is done to head off the conflagration, and he lets loose a broadside at him regardless of the fact that he not only reduces the temperature but greatly weakens the heart at the same time. Repeating this practice for a little while, the patient collapses and death is the result. He never reaches the top of the hill. The broadsides I refer to are the many coal-tar products that do not affect the heart?; and opium which causes just what we want to overcome, congestion and drying up of the secretions. The old routine treatment, which is also the present day treatment, largely, of those who lose forty-five per cent. of their pneumonia patients, was and is quinine, phenacetine, acetanilid, sulphonal, chloralamide, opium, strychnine, potassium, iodide, digitalis, calomel in large doses and whiskey, etc., etc.; all clubs in the hands of clumsy drivers used to beat the horse on the head to help him up the hill, with the result that forty-five per cent. of the patients die. And a great cry goes up about the disease that, for the destruction of human life, equals that of the "Great White Plague".

Under a sensible and intelligent application of remedies the patient is made comfortable, the duration of disease is shortened and less than five per cent. die. What then shall the treatment be, and what shall it not be? It is a self-evident fact that any remedial measure that weakens the heart in any manner must increase the pulmonary congestion and thereby increase the work that the heart has to do; hence all remedies calculated to profoundly interfere with the cardiac action are to be rejected. Any remedy that will markedly affect the temperature will depress the heart; therefore we will not attempt to reduce suddenly, the temperature. We will be extremely careful what we use in the treatment of pneumonia.

Remedies that allay irritation and inflammation by freeing congestion must be beneficial, and insofar as they do this, will shorten the duration of the disease. Foremost among the remedies that we will use with safety are veratrum, gelsemium, bryonia, ipecac and soluble citrate of iron. In the vast majority of cases we find the pulse full, strong and bounding, owing to the fact that the heart is working with increased force to propel the blood through the lessened lung area; hence veratrum in small doses acts as a sustaining force to the heart and, while it slows heart action to a degree, it does not profoundly affect it. Ipecac as a remedy relieves irritation, causes relaxation and frees secretion. Gelsemium relieves excitement and relaxes, soothing the patient by relieving nervous strain. Bryonia relieves the accompanying pleuritic pain. The iron salt, by some unknown method, cuts short the process of inflammation. Veratrum should not be given in doses sufficient to cause sudden or profound effect upon the heart with the idea that the temperature must come down. The patient is not going to catch fire and be consumed by it, and a

few drops of the specific medicine to four ounces of water, to which is also added from ten to twenty drops of ipecac, is sufficient. Of this there should be given a teaspoonful every two hours. There is no danger that veratrum in such doses will depress. Let there be added to another four ounces of water, half a drachm of specific gelsemium; five to ten drops of bryonia and five to ten grains of the soluble citrate of iron, and of this mixture a teaspoonful should be given at alternate hours. The patient will seldom require a change in this treatment from the beginning of the attack to convalescence. Should a change be necessary the symptoms will indicate the condition requiring it, and he who is thoroughly conversant with the specific action of remedies will recognize the demand and supply it.

Externally, if we are so disposed, we may take a cloth and, wringing it dry after dipping in hot lard, spread it upon a table and sprinkle over it lightly the Eclectic Emetic Powder (comp. powd. lob. and caps.) and apply it to the chest on the affected side. Or if we have not the emetic powder we will take a drachm each of shavings of gum camphor and spirits of turpentine, rub them up thoroughly with an ounce of lard. With this we will anoint the chest twice a day and over it adjust a soft, cotton cloth, not flannel, if you please.

Will we feed the patient? No. He has no desire for food and we will have no desire to force food upon him. It may be several days before hunger returns and until it does let us believe that nature is at least as intelligent as we. Shall he have water to drink? Yes, all he wants. It quenches thirst, cools the blood, aids in the elimination of excretion and being grateful to the patient, soothes the nervous system and, who knows all the medicinal virtues of that universal fluid

of the world? Added to this all, proper hygienic measures must be observed.

If the above treatment is followed, (praise God if you have a better) the death rate will sink from forty-five per cent. to less than five. Some mean people may say that your cases were not pneumonia, but if they do you may indulge the thought that possibly you may have aborted the disease. I know whereof I speak for I have proven the treatment for more than twenty years and if it were not so I would have discovered it long ago.

What a pity it is that men are so pig-headed as to refuse to investigate what others aver, even though it may not have originated in the House of David.

St. Louis.

Membranous Laryngitis.*

BY H. HARRIS, M. D.

Read at the meeting of the East Side Eclectic Medical Society.

Also known as membranous croup, true croup, laryngeal diphtheria.

It has been established beyond doubt that all membranous laryngitis is of diphtheritic origin and hence the pathology of croup differs in no respect from that of diphtheritic inflammation of any other mucous membrane. In brief, it may be described as an acute inflammation of the mucous lining of the larynx, followed by the exudation of a tough, fibrinous membrane composed of fibrin, pus corpuscles, granular cells, the Klebs-Loeffler bacillus and other pathogenic organisms. Together with this exudation there is spasm of the glottis.

In considering the etiology we find the causes are both predisposing and exciting. Among predisposing causes may be mentioned childhood, heredity and moist atmospheric conditions. The exciting cause is the Klebs-Loeffler bacillus.

Symptoms: The onset may be sudden, following an attack of spasmodic croup,

or it may be gradual, consequent upon a sub-acute catarrhal laryngitis. There is usually fever, accelerated pulse, rate, marked huskiness of the voice, increasing dyspnoea, cough, rapidly becoming of a metallic character, then changing to the peculiar stridulous cough, so characteristic of true croup. The breathing of a croupy patient has been likened to the passing of a saw through a pine board. Dyspnoea at times becomes so intense that the patient is unable to lie down; he clutches at the air in his frantic attempts at inspiration. The face becomes cyanosed as dyspnoea increases and unless relief be given, death results from asphyxia. During the attacks of coughing pieces of membrane may be expectorated, giving perhaps, temporary relief. Several successive crops of membrane may, however, supervene. Sepsis, which plays a leading role in the symptom complex of pharyngeal and tonsillar diphtheria, is not so evident in croup, owing to the slowness of absorption from the laryngeal mucous membrane.

Treatment: All efforts toward relieving the patient must be directed toward the detachment of the membrane and the prevention of its re-formation. We must also relieve spasm of the glottis and sustain the vital forces which rapidly come to a low ebb. The first object, that of detaching the membrane, may, in a measure, be achieved by the use of emetics, which of themselves necessarily militate against our third object, i. e. sustaining the vital forces, for emesis is always depressing. Of emetics, I prefer the syrup of *Opacac*, drachm doses repeated at fifteen minute intervals, providing of course, that the strength of the patient warrant emesis.

To prevent the membrane from re-forming, I would call your attention to the use of *Spongia Marina tosta*, or the tincture of roasted sponge. I usually ad-

minister in two drop doses with tincture of aconite if there be much fever, or with lobelia if fever be low or absent. Lobelia will effectively combat spasm of the glottis. Another efficient remedy for this purpose is the compound stillingia liniment applied externally to the larynx and given internally in drop doses rubbed up with sugar. Libradol has been highly praised as an external application, and will cause little or no depression if applied to the skin over the larynx only.

Spongia is the sheet anchor of the homœopathists in croup, and according to their authorities is especially indicated where moist rales are absent. So well does this remedy act that two prominent pediatricists of Philadelphia, of the old school, devote considerable space in their text book to its consideration, saying that it is the routine treatment in their clinics, and that with its use, there has been a marked decrease in the mortality.

Inhalations are almost always beneficial, they reduce the oedema of the glottis and loosen the tenacious secretion; by their antiseptic properties they antagonize germ multiplication and consequently the extension of the membrane. Among the useful agents in this class may be mentioned oil of eucalyptus, compound tincture of benzoin, creosote, slaked lime, calomel fumigations. I prefer the first two, using a tablespoonful of a mixture of equal parts to a quart of steaming water, directing inhalations every two hours.

At times, however, all these measures avail but little—dyspnoea increases and death seems imminent. Two courses only are open to us—tracheotomy and intubation. This latter procedure has done wonders in reducing the death rate, and is so simple and may be demanded so suddenly that every general practitioner should be prepared to perform the operation. Where the exudate has extended to the trachea

the former course offers the only hope, while in bronchial croup the prognosis is grave indeed.

The use of diphtheritic antitoxin must be considered, and I must admit that should I neglect its use in a severe case, I would feel guilty of an unpardonable omission. In these cases my initial dose is never less than 4,000 units.

As to our fourth object, that of sustaining the vital forces: This must be attained by judicious feeding and hygiene, together with stimulation as indicated by the pulse. In feeding an intubated case on liquid nourishment, it is wise to use either the stomach tube or to hold the patient's head lower than the shoulders so that the liquid trickles back into the pharynx, avoiding contact with the larynx.

Xanthoxylum has always served me well when stimulants were indicated. Evidences of sepsis are well met with echinacea or baptisia. These symptoms rarely manifest themselves until late in this disease, and rarely then if antitoxin be used at the onset.

New York City.

The After-Treatment of Post-Partum Hemorrhage.

BY MAX AUGSBURGER, M. D.

In an article published in the April number of the REVIEW on post-partum hemorrhage, I called special attention of the profession to "uterine compression" as being the easiest, quickest and most effective method hitherto made known for controlling this hemorrhage. I now desire to carry this subject a step further by giving the after-treatment of post-partum hemorrhage, or what would properly be called an acute anaemia.

After controlling a severe post-partum hemorrhage the danger is by no means past, for now we have to deal with a depleted circulation, which, if mismanaged,

is liable to end in heart clot or heart failure.

The ordinary symptoms of a great loss of blood are of course present in such cases. The thread-like, rapid, feeble pulse, sometimes so faint as to be scarcely felt at the wrist, cold extremities, tendency to fainting, and convulsions due to the acute anaemia of the brain are liable to occur.

To prevent such complications the pillow should be removed or the foot of the bed raised to help the gravitation of the blood to the medulla. Never should the patient be raised after the loss of a great amount of blood, until 24 hours have elapsed (or until reaction has taken place), for heart clot or failure is liable to occur.

To help along the weakened heart a hypodermic of brandy or whiskey, 1 drachm of either, or $\frac{1}{2}$ drachm of ether which is a powerful heart stimulant may be administered. Other heart stimulants which will be found useful and may be used in place of those mentioned are a hypodermic of strychnia, 1-30 grain, or nitroglycerine, 1-100 grain. To relieve the head symptoms which are very annoying, nothing answers as well as a hypodermic of morph. sulph. $\frac{1}{4}$ grain.

The acute symptoms which we must relieve quickly, are due to the withdrawing of a large amount of fluid from the circulation. Hence it is the quantity and not the quality of the blood that must be made good, and this can be restored in a very short time by the use of enemas of normal salt solution.

It is not many years ago that the transfusion of blood was thought necessary in such cases. This was either given by the direct method (from arm to arm), or else by the indirect method, in which case the fresh blood from an animal was usually used, after whipping same with twigs to remove the fibrin. The transfusion of

blood was frequently found impossible; at times no one was willing to part with their blood, or it was impossible to get fresh blood from an animal; at other times a transfusion apparatus was not at hand.

At the suggestion of Prof. T. G. Thomas warm milk was transfused into the vein of persons losing a large amount of blood, and this was found to simplify matters greatly. It was found to act as well as blood, but even this had its drawback, especially in cities where fresh milk is not always obtainable.

As the transfusion of milk was not always practicable, experiments were made with a normal salt solution by the transfusion method, and this proved equally as good as blood or milk.

The rapidity with which a normal salt solution is absorbed from the tissues of the body, suggested the trial of injecting it into the cellular tissues of the back (instead of transfusing), and results obtained were so gratifying that the transfusion method was abandoned, and inter-cellular injections took its place.

Within the past few years even the inter-cellular method has been little used, for it is now known that a saline solution is promptly absorbed from a mucous surface, and if given by the rectum every indication is fulfilled; this has now become the method for quickly restoring the quantity of blood which has been lost.

The solution used is made of the strength of forty grains of salt to one pint of water of the temperature 115°F. This quantity is given at once and repeated six or seven times in the 24 hours following the bleeding. After each injection a folded napkin should be pressed against the sphincter to help its retention. Of course, all injected is not absorbed, but enough finds its way into the circulation to quickly relieve the acute symptoms, following which the regular treatment

of anaemia, milk, eggs, stimulants if necessary and bitter tonics, combined with blood forming remedies, are indicated.

Brooklyn, N. Y.

Cactus Grandiflora.

BY H. STOESSER, M. D.

Common Name—Night Blooming Cerius.

Specific Indication.—When there is a feeble, irregular pulse, nervousness, complaining of oppression and unpleasant sensation in the region of the heart as if a band was tightly drawn around the chest.

Specific Uses.—In diseases of the heart and nervous system, where the action of the heart is disturbed.

The influence of cactus seems wholly exerted upon, the sympathetic nervous system and especially upon and through the cardiac plexus, and its continued use, improves the nutrition of the heart and consequently strengthens the organ.

It exerts direct influence upon the circulation and nutrition of the brain and is used with advantage in some diseases of this organ. Cactus is a specific in heart diseases. It gives strength and regularity to the innervation of the organ. It influences waste and nutrition of the heart, increasing strength.

In functional heart diseases it gives prompt relief, except in cases where this functional derangement is due to another lesion, acting as a cause, as in some gastric, enteric or uterine lesion. These must receive attention before a radical cure is made.

In structural heart diseases, cactus relieves the distressing sensations in the region of the heart and the fear of danger which attends them.

Cactus will not cure or relieve cases of valvular deficiency, dilatation of the openings of the heart or fatty degeneration.

Its influence upon the nervous system resembles pulsatilla.

Dose of ext. cactus fl. in 15 to 30 gtt. to $\bar{\text{v}}$ iv. of water: $\bar{\text{v}}$ i. every 2 hours.

Spec. cactus is to be given in the same dose.

Union Course, New York.

Report of the Committee on Program. To the Members of the State Society:

It is our pleasant duty to report to our fellow-members of the State Society that the efforts made by your committee are meeting with great success. The letters from our pioneers of the upper section of the State tend to show that we will have a good representation from that section, with essays on practical subjects. As to the program, we have accomplished a great deal, and to date we have received the promise from Dr. Herzog of a clinic on "Eye Diseases."

Dr. Max Meyer will give an essay on "Tumors," with illustrative pictures on the screen.

Dr. Bulson will deliver an essay on "The Future of Eclectic Practice." Dr. Tiel will speak on "Specific Medication." Dr. V. Sillo on "Rectal Diseases and Their Office Treatment." Dr. Wyatt Hannath will read an essay on "High-Frequency Currents," with demonstrations. Dr. Cora M. Ballard an essay on "Cerebral Defects in Children". An essay upon "A New Method of Applying Heat Directly to the Uterus and its Appendages" by Dr. M. B. Pearlstien.

Papers are also promised from Drs. Sinclair, Blackfan Whitney, Sutton, L. H. Smith and Boskowitz.

Para-Typhoid; a symposium by Drs. Thompson and Nilsson, will prove of interest.

This brief outline, which is only a part of the program, should be an incentive for a large attendance. Every member should make it his duty to be present.

The discussions which these essays will bring forth will be a storehouse of good solid facts from the leaders of our school. No effort will be spared in trying to give a program of practical knowledge.

We will be pleased to receive essays from all members; if it should be the misfortune of any member to be unavoidably detained, send the essay.

Sincerely and fraternally,

Wm. L. Heeve,

Chairman Committee on Program.

302 Sumner Ave., Brooklyn, N. Y.

Therapeutics

Edited by

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

If Confined to Twenty Remedies.

The letters of inquiry which often reach my desk are always welcome, and are given due and prompt attention. The authors of some of these letters desire further knowledge of this or that remedy which has been recommended in this department of the REVIEW. Other writers ask for suggestions in reference to the employment of some particular drug in which they are especially interested, and some of the letters state that the authors would be pleased to receive a little assistance in selecting drugs for their medicine cases. The most frequent inquiry, however, is as to the number of remedies absolutely needed by the general practitioner of medicine. Some writers want to know what remedies should be selected in case one was confined to ten remedial agents, others ask the same question in reference to twenty drugs, and still others would like a list of the fifty remedies thought to be the most useful.

The following illustrates fairly well the nature of the letters referred to above:

Pauline, Arkansas.

Dear Doctor:—If you was limited to 20 remedies what would be your selection? i. e., what 20 remedies do you consider to be the most useful? If any are compounds please give formula.

Hoping to hear from you, I am yours very respectfully,

Dr. J. A. Burnett.

In replying to Dr. Burnett, I stated that if limited to twenty remedies my selection would probably be as follows: Aconite, bromide of ammonium, aponorphia, apis, belladonna, boracic acid, bryonia, cactus, chloroform, ergot, gelsemium, ipecac, phytolacca, pulsatilla, opium, quinine, rhus toxicodendron, santolin, soda bicarbonate and veratrim viride.

I should not like to be limited to twenty remedies, but undoubtedly one could do an extensive and successful practice with the above named drugs. A few of their indications are appended.

Aconite.—In all forms of disease, when the pulse is small and frequent, aconite lessens vascular excitement and the rapidity of the circulation, promotes secretion from the skin and reduces the temperature. It moderates the force and frequency of the heart's action—increasing the power of the heart and the tone of the blood vessels. It has also a decided action on the excretory organs, and its control over the excessive action of the skin, bowels and kidneys makes it a valuable agent in many wrongs of life. Remembering this much of the medicament, it will be readily understood why indications for its exhibitions are almost daily seen.

Ammonium, bromide of.—This is a useful remedy in many cases of epilepsy, and in convulsions of children it is frequently needed. It is also an efficient agent when there are involuntary movements of muscles, or a tendency to loss of conscious-

ness, and in whooping cough and occipital headaches it exerts a modifying influence.

Apomorphia.—This is a certain and speedy emetic, causing vomiting in from five to twenty minutes, and without nausea or any general symptoms.

Apis.—This is a most excellent remedy in many diseases of the skin, and also in diseases of the bladder and urethra. In diseases exhibiting a tendency to dropsy, or when there is blanched puffiness and severe pain, it is esteemed very highly.

Belladonna.—This remedy is of great usefulness in all forms of congestion, and is indicated in scarlet fever and many other diseases.

Boracic Acid is a non-irritating antiseptic which can be employed in almost every wrong of life requiring external or internal antiseptic treatment of a mild and soothing character.

Bryonia in small doses is one of the most valuable remedies in our materia medica. In pneumonia, bronchitis, pleuritis, rheumatism, and all diseases of the serous membranes, it constitutes an efficient medication.

Cactus is a superior remedy in diseases of the heart, whether functional or organic. It gives speedy relief, and when continued for a reasonable length of time effects a cure in many cases.

Chloroform is used by inhalation under a variety of circumstances to produce loss of consciousness, general relaxation and loss of sensibility. In obstetrical practice it is often needed and in irritative coughs it is an efficient remedy.

Ergot, under suitable circumstances, is a valuable parturient, and in many forms of hemorrhage, especially when the tissues are full and inelastic, it is a remedy of decided power.

Gelsemium is an indicated remedy in all fevers when there is irritation of the nerve centers. It prevents determination of

blood to the head and spinal cord, and checks spasmodic action.

Ipecac is one of our most useful drugs. Acute bronchitis, pneumonia, diarrhoea, dysentery and cholera infantum are among the abnormal conditions likely to call for its exhibition.

Opium is much used for pain, sleeplessness in exhausted conditions of the brain, muttering delirium, etc., but it should be used only when the skin is soft and cool, the pulse full and free from hardness, and the mucous membranes moist.

Phytolacca is a remedy of marked therapeutic power. All diseases of the glandular organs, periosteal, fibrous and cutaneous tissues come within the range of its curative influence.

Pulsatilla is an efficient agent in irritation of the nervous system, and in the treatment of the abnormal conditions peculiar to females it occupies a place which cannot be filled by any other drug.

Quinine is indicated in all diseases in which periodicity is a marked feature, when the tongue is clean or cleaning, the pulse soft, the skin not dry, and the nervous system free from severe irritation.

Rhus Tox. is especially indicated when there is nervous excitement which causes the patient to start up in a frightened manner from sleep, and in all conditions characterized by burning sensations it affords prompt relief.

Santonin is a very efficient remedy for intestinal worms, and in retention of urine, especially in the advanced stages of acute diseases of children, it is a remedy which can be employed with confidence.

Soda Bicarbonate is useful in all cases presenting a broad and pallid tongue with a whitish coating on it.

Veratrum Viride is indicated whenever the pulse is full and frequent. In puerperal convulsions it has been employed with a wonderful degree of success. In this condition ten drops of the specific medi-

cine, hypodermically administered, will constitute an efficient initial dose. In some cases it may be necessary to repeat this large dose, but five drops, repeated as the severity of the case requires, will usually control the convulsions after a single dose of ten drops has been employed, and keep the pulse down to sixty per minute. A single dose of ten drops is more effective than several doses of five drops each.

Indications, with doses, for the foregoing remedies are fully given in Fyfe's *Modern Materia Medica*.

The Biochemic Theory and the Tissue Remedies.

The idea upon which the biochemic theory of Schussler is based, is the belief that both the structure and the vitality of the organs of the body are dependent upon certain necessary quantities and apportionment of those organic constituents of the body which may be found in its ashes. *

* * * Schussler, of Oldenburg, Germany, endeavored to discover by experiments upon the sick if it were not possible to cure them by the physiological function remedies of the body. I quote the following as a condensed statement of the theory and method of application: "The inorganic constituents of the human body are in a very real sense the material basis of the organs and tissues of the body, and are absolutely essential to their structure and functional activity. Any disturbance in the molecular motion of these cell salts in living tissues constitutes disease, which can be rectified by administering the same mineral salts in small quantities. This is brought about by virtue of the operation of chemical affinity in the domain of histology. And this theory is in supposed harmony with well-known facts and laws in physiological chemistry."

The inorganic constituents of the cells are believed to be as follows by the author of this theory, the twelve substances named

supplying the entire demands of the body for inorganic substances: Of the nerve cells the constituents are magnesium, potassium, sodium and iron phosphates. The muscle cells contain the same constituents with the addition of potassium chloride. The connective tissue cells contain silica; the elastic tissue cells, fluoride of calcium; the bone cells contain fluoride and phosphate of calcium, and the phosphate of magnesium; cartilage and mucus cells contain the chloride of sodium, which is also found in all the fluids and solids of the body. Health is considered as a state of normal cell metamorphosis. Disease is the result of the disturbance in the molecular motion of one of the inorganic tissue salts. The cure of disease consists in correcting this disturbance of molecular motion, by furnishing a small dose of the same inorganic substance. This in a nutshell is the statement of the biochemic theory.

* * * *

The twelve remedies used, according to the abbreviated homœopathic nomenclature, are ferri phos., calc. phos., natr. phos., kali phos., kali mur., natr. mur., calc. fluor, silica, calc. sulph., natr. sulph., kali sulph., and magnesium phos., or the phosphates of iron, calcium, sodium and potassium, the chlorides of sodium and potassium, the sulphates of sodium, calcium and potassium, the fluoride of calcium, and silica.

The remedies are triturated to the second, third, fourth, sixth and twelfth decimal trituration, and it is believed that much of their potency lies in their proper trituration. The sixth decimal is most often given.

Inasmuch as these twelve remedies are supposed to be curative of every possible disease indication within the human system, there must be assigned to each very many indications. It would be impossible, therefore, in this short paper to give more

than a very brief outline of the general indications for each remedy.

Fluoride of Calcium.—Beginning with this remedy we are told that it is especially indicated in diseases having their seat in the substance forming the substance of bones or the enamel of the teeth, in diseases that affect the elastic-fibrous tissue and connective tissue, and the walls of blood vessels. It is indicated in diseases which can be traced to a relaxed condition of the elastic tissue, which includes dilatation of the coats of the blood vessels, aneurisms, blood tumors, piles, varicose veins, dilatation of the heart, etc.

Phosphate of Calcium.—This substance is found to be existing in and essential to the entire bony structure of the body. It is found present in blood plasma and corpuscles, gastric juice, and connective tissue. Schussler considers it a most important remedy. It is used in all diseases of the bones depending upon a blood dyscrasia. It is essential in the growth and development of the child, it is useful in dentition, in scrofula, in chronic wasting diseases, anaemia of the young, in diseases accompanied with exhaustive discharges, as chronic metritis, bronchitis, tubercular diarrhoea, night sweats, abscesses and scrofulous sores. In sexual exhaustion, rickets, and in certain cases of chorea it is said to be applicable.

Sulphate of Calcium.—This remedy is one of the least important perhaps. It is used principally in suppuration, purulent discharges, from whatever source, tubercular ulcers and abscesses, and ulcers of the cornea: in fact, in any case of chronic discharge.

Phosphate of Iron.—*Ferri phos.* is considered an important remedy in acute diseases. It is indicated in all disorders of a hyperaemic or congestive nature, with the usual accompaniment of pain, heat, redness and swelling. In all febrile disor-

ders and inflammations at the onset, before exudation. It is useful in the debility of children with failing appetite. It increases physical development, improves strength, and regulates the bowels. It is applicable in those cases where aconite, gelsemium and belladonna are usually indicated. This brief statement covers an exceedingly wide range of diseases. * *

Chloride of Potassium.—Schussler says, without the presence of this salt no new brain cell formation would take place. This salt is found in blood corpuscles, muscles, nerve and brain cells. It is indicated wherever there is an exudation of fibrin. It is applicable in diphtheria, dysentery, croup, croupous pneumonia, wherever there is a white or gray coating at the base of the tongue, white or gray exudation, glandular swellings, discharges or expectorations of fibrinous matter, and is especially applicable to diseases of the ear.

Phosphate of Potassium.—I am impressed that Schussler and his followers lay more stress upon this remedy than the chemical analysis of the tissues would justify. They believe that the brain and the entire nervous system depend upon it for its vital properties. They claim that it is indicated in conditions arising from want of nerve power, prostration, inertia, loss of mental vigor and depression. The minor symptoms are timidity, irritability, melancholia. It has also been long used as a restorative in the muscular debility following acute diseases; in the wasting of muscular tissue; and in any disease which depends upon innervation. Also where there is a rapid decomposition of blood corpuscles, and of the body fluids, such as scorbutus, stomatitis, gangrenous angina, phagedenic chancres, offensive diarrhoea, adynamic or typhoid conditions. It acts upon the spleen.

Sulphate of Potassium.—*Kali Sulph.* influences the skin and mucous membrane, and consequently the secretory functions. It is given in that stage of inflammation which is known as the stage of retrocession. It is given wherever there is profuse desquamation of the epidermis; wherever there is a yellow mucus discharge; where there is a retrocession of induced perspiration.

Phosphate of Magnesium.—This is indicated in diseases having their seat in nerve fiber cells or in the terminal bulbs, in the muscles or in the muscular tissue. Pains of a darting spasmodic character, lightning-like pains with stricture, relieved by warmth and pressure. It is thought to be the most active of the twelve as an antispasmodic, and is given in all cases where such a remedy is indicated. It is given where there is a languid, tired, exhaustive feeling from whatever cause.

Chloride of Sodium.—Although this remedy is taken into the system in large quantities, by every individual, every day, it is claimed by the homœopaths that this ingestion in no way interferes with the influence of the remedy in trituration as a therapeutic agent. This agent as a tissue remedy is advised to promote the activity of tissue change, and increases the excretion of urea. It is useful in the catarrhs of all mucous membranes. In watery vomiting; vesicles formed with watery contents; diminished secretion from any part of the body; whenever the tongue is clean and shiny in appearance, or is broad, pallid and puffy with a pasty coat. It is useful in malnutrition and emaciation.

Phosphate of Sodium.—*Natrium phos.* is prescribed in those diseases of infants where there is an excess of lactic acid or other excess of acidity. Where there are sour eructations, with sour vomiting and

greenish diarrhoea, pains, spasms and fever. It is prescribed in diabetes and incontinence of urine in children, where the urine is highly acid.

Sulphate of Soda.—The specific indication for this remedy is a dirty greenish gray or greenish brown coat at the roof of the tongue. It is useful in so-called bilious conditions. In liver affections with excessive secretion of bile. In all those conditions resulting from an excess of uric acid.

Silica.—This homœopathic name is applied to the substance known in chemistry as silica, which is the oxide of the chemical element silicon. It is pure quartz, thoroughly triturated. The homœopaths claim that its absorption is rapid, and that it is an important therapeutic agent. Schussler claims that it acts upon the organic substances of the body, and that its action is deep and lasting. It is prescribed wherever there is a degeneration of tissue with formation of pus and where there is induced sepsis. It is prescribed in indolent ulcers and where there are fistulous openings from cold abscesses, where the process of suppuration is slow and chronic, where there is general exhausted condition of the system from such discharges, and in debility from any cause.—*Dr. Finley Ellingwood* in the *Chicago Medical Times*.

Burgundy on Substitution.

The following dialogue between Billy Burgundy's Druggist Pillman and Farmer Neverwell, published in the *International Journal of Surgery*, contains fully as much truth as humor:

"I see," said Farmer Neverwell, "that they arrested several drug counterfeiters in New York City the other day. The papers state that the gang made a specialty of supplying substitutes to be used in compounding physicians' prescriptions."

"Right you are," replied Pillman the druggist. "The sleuths of the metropolis did become conscience-stricken a few days ago and pinched a few Moonshine Chemists, but for Heaven's sake don't allow that little incident to cause you to think that from now on substitution is to be one of the Lost Arts. That graft is too robust to expire simply because the Sherlock Holmeses had the good fortune to tree a few members who forgot to sprinkle red pepper in their tracks.

"I wish to promulgate the tip that there is no calling so rich in promises to young men as that of manufacturer of a full line of 'just-as-good' and 'almost-the-same pharmaceuticals.' The demand for the semi-something' is so stupendous these days that the makers of 'the real article' hardly do enough business to keep them working half-time.

"After a very careful scrutiny of the situation I am prepared to predict that it won't be long before the honest prescription druggist will have to get his supply of 'the genuine article' from the museums.

* * * * *

"Why man, you would be surprised to know how rapidly the manufacturer of substitute is increasing in this country. Everybody seems to be butting into that industry. Even the Correspondence Schools have added the art of drug imitating to their repertory.

"Time was, when every father of three sons made the brightest of his get a physician, the smoothest a lawyer, and the also-ran a minister. Not so now. Papa now puts the wise guy into the business of making those 'I-defy-you-to-detect-the-difference' in pharmaceuticals.' The smooth brother get next to the fine points of criminal law so that he can 'give a lift' in case Bud is caught with the goods on, and the other son addresses prayer to the Higher Court as a sort of prophylactic

against discovery. It's a great business, I tell you, and it has put an awful crimp in the public's faith in doctors. And no wonder it has; those fellows have their prescriptions short-changed about nine times out of every ten."

"Ain't there any more honest druggists left?" asked Farmer Neverwell.

"Oh yes, a few, but like the buffalo, they are dying out pretty fast. Somehow, they don't take well to civilization," answered Pillman the druggist."

Acorus Calamus.

Common Names.—Calamus, Sweet Flag.

Natural Order.—Araceae.

Part Used.—The rhizoma.

Description.—This perennial plant has a fleshy, creeping and somewhat spongy rhizome, with many long fibres. The leaves are ensiform, long and greenish-white in color. Its flowers are small, pale-green in color, and have no scent except when bruised.

Dose.—Fluid extract, 5 to 40 drops.

Usual dose.—10 to 20 drops.

Indications.—Flatulent colic; feebleness of the digestive organs; restlessness in children; dyspepsia.

This agent is often used as an adjunct to other tonics, and to aid the action of quinine in intermittent and remittent fevers. In the flatulent colic of infants it may be combined with magnesia.

Acorus calamus is carminative, tonic, stimulant and excitant.

Dr. Francis Hare reports five cases of hæmoptysis instantaneously stopped by the inhalation of amyl nitrite. He says that in cases of deep seated or internal hemorrhage it reduces the local blood pressure through general vaso-dilation. The dose used was from three to five drops. It may be inhaled from a small wide-mouthed vial, or as dispensed by many chemists in the form of "pearls,"

that is, small spheres of glass in which the liquid is sealed, and which may be conveniently broken upon a handkerchief for inhalation.

Negundo Aceroides.

Common Name.—Box Elder, Ash-leaved Maple.

Natural Order.—Sapindaceae.

Part Used.—Bark of the root and twigs.

Description.—This small handsome tree has light green twigs and drooping clusters of small greenish flowers in the spring, which appear a little earlier than the leaves—the fertile ones in drooping racemes. The leaflets are ovate, pointed, coarsely toothed and very veiny. A variety of this tree with white variegated leaves is cultivated for ornament.

Dose.—Tincture, 10 to 20 drops.

Usual Dose.—10 to 15 drops every two or three hours until improvement is obtained; and then three or four times a day.

Indications.—Enlargements of the rectum; pile sacs; painful hemorrhoids.

Dr. Ovid S. Laws, of Los Angeles, Cal., has used this agent in painful hemorrhoids with unusual success.

Thomas Fowler, the originator of Fowler's solution of arsenic, was born in York, England, in 1736. He conducted a drug store for fifteen years, and then studied medicine in Edinburgh and graduated in 1778. He died in 1801.

To restore the hair and prevent baldness, Dr. Ellingwood recommends the use of an ointment composed of 2 grains of pilocarpine to one ounce of wood fat.—*Summary.*

The Eclectic Review and the new Eclectic Medical Gleaner for 1905 for \$1.50.

Society Meetings

Society Calendar.

National Eclectic Medical Association. Meets at Saratoga in June, 1905. W. E. Kinnett, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at New York city, January 11th and 12th, 1905. E. H. King, M. D., president; S. A. Hardy, M. D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. Lydia Ross, M. D., president; Pitts Edwin Howes, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th street. A. W. Herzog, M. D., president; W. L. Heeve, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; March meeting at the office of Dr. J. A. Nordbrock, Brooklyn. H. Stoesser, M. D., president; J. A. Nordbrock, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. V. Sillo, M. D., secretary.

The East Side Progressive Medical Society meets second Friday of each month at 183 Ludlow street. J. Bernstein, president; H. Harris, M. D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thordike," Boylston street. A. W. Forbush, M. D., president; Pitts Edwin Howes, M. D., secretary.

Boston District Eclectic Medical Society.

Boston, Nov. 28, 1904.

The regular meeting of the Boston District Eclectic Medical Society was held this evening at "The Thorndike," dinner being served in the private dining room.

The business meeting was called to order by the president—A. Waldo Forbush, M. D.

After transacting the usual business of the session, Dr. Nathan L. Allen was called upon for his paper upon "Old Eclectic Combinations." He spoke as follows:

In presenting this paper, the question might be asked: Do you not find enough in the new or modern Pharmacopeia to meet your therapeutic demands, why live in the past?

Now my answer must be that I do not; that I do not, in many cases, get the results from the specific remedies now in

use, which I do from some of the old formulas that were used by the old Eclectics in days gone by. No doubt but that this is partly the fault of my imperfect diagnosis, but I am not a second Scudder, and have to use that which best serves my purpose.

When I read some of my favorite formulas, I expect to hear my friend Howes exclaim: "What a charge of gun-shot, and what are you gunning for when you give it to a patient?" Well, I will admit that there is not much of the single remedy specific medication theory, that our good ex-President, Dr. Ross, would have us send to the end of the earth, and I would urge more of the methods of Thompson, Wooster-Beach, and Prof. John King, as practiced by the old time Eclectics that we hear so much about from our older members, like Dr. Miles. In fact, how well we all know that something really good is coming, when we hear that favorite expression of his: "Well, now, forty years ago," and his face will brighten as he recalls the dear old days, and gives us gems of what the Eclectics did in years long past.

We thus see that many of our elder members practised by this method, and love to tell us of the good results which by it they obtained. Dr. John Perrins will assure us that when he was in the Old Country, all of his patients did not usually die then, any more than at present.

We have, moreover, in our Society, one who knows the value of these former remedies, and when you can get our good brother from Beverly into a corner, and just let him leisurely massage that fine flowing beard, as he says: "Now wait a minute and I will tell you," you can listen to your heart's content as he unfolds the glorious cures that the old ways accomplished.

But many will say that they cannot

give such doses, that there is too much of them and they taste too bad; but, my Brother! why not sugar these bitter pills with some of the many carminative aromatics that we have at our disposal? An Elixir would not be a pleasant vehicle if it were not for its essential oil, then why not use the aromatic roots and berries for the like end?

But, it may be said that our patients will not take the large doses that are requisite for the desired effect; to which I may reply that such has not been my experience, for I have found that they both will take and they really want the herbs that were used in their grandmother's time, while they do not like what they call the drugs now in vogue, believing that too much medicine is now given, and not seeming to regard herbs as being a medicine or drug.

ANTISPASMODIC TINCTURE.

Powder Lobelia,
Powder Capsicum,
Powder Skunk Cabbage,
Powder Skull-Cap, of each two ounces.
Dil. Alcohol, two pints.

This is truly one of my best friends, and also has made me many friends by its use.

This Tincture is a powerful antispasmodic and relaxant, and for cramps, spasms, convulsions, hiccough, etc. has not an equal.

The dose is from half a teaspoonful to a teaspoonful every ten or twenty minutes, or as often as the urgency of the case requires; and in cases of hysteria, convulsions, tetanus, hiccoughs, etc., the effect is almost instantaneous.

In rigidity of the os-uteri convulsions with children, and epilepsy, one or two teaspoonfuls diluted with water and given as an injection into the rectum and repeated every ten to twenty minutes as required, will produce the most happy results.

DIURETIC COMPOUND.

Trailing Arbutus,
 Queen of the Meadow,
 Dwarf Elder Bark,
 Marsh Mallow Root,
 Each coarsely bruised, half an ounce.
 Boiling Water,
 Holland Gin, of each one pint.
 Honey a sufficient quantity.

Pour the boiling water on the plants, let stand until cool, strain and add the gin and sufficient honey to render it pleasantly sweet.

This was a great favorite with the late Dr. E. E. Spencer, and is a very valuable remedy in gravel, chronic catarrh of the bladder, suppression of urine, high colored or scalding urine, inflammation of the urethra, and other disorders of the urinary organs.

The dose is a wine-glass three or four times a day.

COMPOUND TAR PLASTERS.

Burgundy Pitch, 1½ lbs.,
 White Turpentine, 1 lb.,
 Melt and add
 Tar, 3 lbs.,
 Melt and strain.
 Pulv. Mandrake Root,
 Pulv. Blood Root,
 Pulv. Poke Root,
 Pulv. Indian Turnip, of each 10 ozs.

This plaster is irritative and suppurative.

It should be spread quite thin on adhesive plaster with a narrow margin, that will hold it in place.

When applied to a part of the body, it must be removed daily and the sore wiped dry with lint, so as to absorb all the pus, as any moisture will render it irritable and inflamed, and cause it to cease suppurating.

I continue the application several days, using a new plaster each day, and to relieve the pain, give codeia when required.

In sciatica, inflammation of the ovaries,

or wherever there is a deep-seated inflammation, I have found these plasters to be of great value.

HAIR TONIC.

Prof. Scudder claims this to be the best Hair Tonic in the *Materia Medica*, and from my experience, he is right.

Sp. Tr. Polymnia Uvadalia, 4 ozs.,
 Bay Rum, 12 ozs.

or as Prof. Ellingwood gives it in his work for a Pomade:

Castor Oil, 3 parts,
 Glycerine, 1 part,

Lanolin, 3 parts, rubbed together and cooled. Ext. Uvadalia, 3 parts.

This should be well rubbed into the hair every day.

NERVE SEDATIVE POWDER.

Prickly Ash Bark,
 Ladies' Slipper,
 Scullcap,
 Cramp Bark,
 Life Root,
 Motherwort,
 Buckthorn,
 Blue Cohosh,
 Spearmint,
 Of each 4 ozs.

This is a favorite formula of my own, and in cases of young girls who are irregular and constipated, and hysterical at the menstrual period. Dose, a tablespoonful of the above in one-half pint of hot water; let stand until cool, and give a wine-glass full three or four times a day.

GARGLE.

Bayberry,
 Sumach Berries,
 Golden Seal Course Powder, 1 oz.,
 Boiling Water, 1 pt.
 Let stand until cool and strain.

For the many inflammatory and ulcerated conditions of the throat, elongated uvula, aphonia, ulceration of the gums, mouth, tongue, &c., and for old canker

sores, this gargle will be found exceedingly useful.

NERVE POWDER OR COMPOUND POWDER OF
YELLOW LADIES SLIPPER.

Pulv. Yellow Ladies' Slipper Root

Pulv. Pleurisy Root,

Pulv. Skunk Cabbage Root,

Pulv. Scullcap, each in fine powder one ounce.

The dose is from half drachm to a drachm three times a day or as required; it is usually administered in hot tea or water.

This powder is useful to allay irritability or excitability of the nervous system, to relieve spasms, and to produce sleep in restless, wakeful, or excited conditions.

LIVER AND KIDNEY.

Mandrake, 8 oz.,

Fringetree, 8 oz.,

Motherwort, 8 oz.

Spearmint, 8 oz.

Skunk Cabbage, 4 oz.

Sassafras Bark, 4 oz.

Senna, 8 oz.,

Liquorice, 8 oz.,

Fennel Seed, 2 oz.,

Coriander Seed, 2 oz.,

Clevers, 4 oz.,

Anise Seed, 2 oz.,

This is a formula which I use more than all the rest combined—in fact have it put up in 25 lb. lots and when the liver is out of order and a general bilious condition exists, I have yet to find anything better.

ENEMA CIMICIFUGA COMPOSITA.

Pulv. Black Cohosh Root,

Pulv. Cranesbill Root, 2 oz. of each.

Boiling Water, 2 qts.

Let stand until cool and strain.

This is a great favorite of mine and will be found to be, as King writes, "a powerful astringent preparation, combining with it a peculiar influence on the vaginal walls and cervex uteri, and is much employed in leucorrhea, prolapsus

uteri, relaxation of the vaginal walls, &c."

It should be used morning and night with a fountain syringe, the hips well elevated so the enema may be retained 10 to 15 minutes.

COMPOSITION CORDIAL.

Composition Powder, 1 oz.,

Brown Sugar, 1 lb.,

Boiling Water, 1 qt.

Pour the boiling water upon the powder and sugar, let stand from twelve to twenty-four hours, strain off the liquid, and bottle. Dose 2 to 5 tablespoonfuls in tumbler of milk or malted milk.

If you have an elderly patient that requires a gentle stimulant, try this, for I know the result.

COMPOSITION POWDER

Pulv. Poplar Bark, 4 ozs.,

Pulv. Bay Berry, 8 ozs.,

Pulv. Ginger, 4 oz.,

Pulv. Cinnamon, 1 oz.,

Pulv. Cayenne, 2 drachms.

Dose, one-half to a teaspoonful in boiling water.

I always intend to have this powder in my case, in the winter season, for in the many so-called cases of La Grippe, colds, etc., that we meet with, I have yet to find anything better.

TRITICUM REPENS OR COUCH GRASS.

In the many troublesome Bladder cases that you will run across, I do not think there is any one remedy that will do more to soothe the mucous membrane than an infusion made from this plant. It exercises a soothing diuretic influence, greatly increasing the flow of the watery portion of the urine without to the same extent influencing the actual renal secretion.

It is bland, mild, unirritating, and is used whenever urine, having a high specific gravity, causes irritation of the kidney or bladder.

DISCUSSION.

Dr. Perrins:—How true it is that the

world moves along like the pendulum of a clock, swinging from one extreme to another.

When I commenced the study of medicine, more than fifty years ago, this was the exact line in which we were taught. About all the remedies the essayist has mentioned were then familiar. After I had practiced medicine under this regime awhile, I concluded I did not know much about medicine or the various diseases toward which it was directed and decided to come to America where they knew it all.

I went to Cincinnati and had the extreme pleasure, as well as great benefit, of sitting under the instruction of such men as John M. Scudder, , Andrew Jackson Howe, John King, Frank J. Locke, and others of like ability. While there I studied the more advanced preparations of the pharmacopoeia. Medicines were reduced from the large, nauseous dose to the smaller and more palatable one, and we thought we had brought medicine down to the finest point of efficiency.

It is true, as the Doctor has said, that while these old fashioned remedies are good people will not take them. This has been my experience for the past twenty-five years. I have no doubt we have passed over the value of many of these old fashioned remedies. There are some excellent things in the paper Dr. Allen has given us and shows that the pendulum is swinging back to where it was forty or fifty years ago.

People are saying, "what good is a teaspoonful?" They want half a tea cup or a pint, but we well knew there would be many failures in consequence. All things are not good because they are old, but some of those mentioned I consider are very good.

Dr. Allen:—I would state that in making use of these old remedies I would not displace our specific medicines. They

are good and I use them, but there are many results which I can get through infusions that I cannot get with other remedies. I do believe that nature has done much with her remedies and that through infusions we get what we cannot obtain through any other form of medication.

Dr. Forbush:—Regarding the use of a gargle, I question very much whether any benefit can be obtained in the average person. You ask a person to gargle, they will fill their mouth full of fluid, roll it around, but it does not reach the desired spot. I have used colored preparations and have demonstrated to my own satisfaction that only about one in fifteen or twenty persons could gargle so as to reach the posterior surface of the pharynx.

Dr. Ross:—I know very little of any of the remedies named, as my line of work has been mostly with specific medication, but I recognize the value of some of these preparations which have been mentioned. I make up my own combinations and very frequently put in more than one remedy. In these infusions I think it is quite possible that, when mixed fresh and taken hot, or soon after being made, you must get a certain amount of the remedial quality which is lost by standing.

Lloyd Bros. have tried to get up a set of tablets with their specific remedies, but Prof. Lloyd has decided that they have not the value possessed by the fluid.

Of course, a hot infusion, taken in quantity, would warm the patient and stimulate the general circulation and certainly have a value which a teaspoonful of fluid, or a tablet, would not have.

Dr. Forbush:—Many of our herbs do not contain alkaloids. In all that class of drugs we can readily see where benefit would be obtained from the infusion. I do not believe in separating the elements of drugs from the natural drug itself;

have fought that from the very first. One thought more in regard to combinations. If we look at the specific action of each drug we will find that one will counteract the other.

Dr. Perrins:—I would like to say just a word or two in reference to the line of argument brought out by Dr. Ross. I fully believe in what was said concerning fresh made infusions given warm. It has a quality which we do not get if it has been made and allowed to stand for any length of time, for example the tea and coffee in everyday use. We all know that the finest English ale if it is drawn and allowed to stand for an hour or two is flat and nobody wants to drink it. This, perhaps, is one reason why herb doses have gone by, because a form of medicine has been prepared that will hold the agent without being made fresh every time it is used.

My experience for the past thirty years has proven to me, unmistakably, that—if we are clear in our diagnosis, and are careful to have thoroughly learned our specific medication—the later method is a far more practical and therefore a more satisfactory way of administering medicine. None of us believe in confining ourselves to any one line of remedies. No one would think of taking one article of food simply. If we have bread we want butter, if vegetables we require meat, etc.

Dr. Forbush:—In combinations we get a benefit which we cannot get from one drug alone. To have a drug do its full work we add another of the same class and the second article increases the work of the first and the first that of the second. This action is impossible to get in the old fashioned combinations, as many of the drugs antagonize each other.

Eclectic Medical Society of the City and County of New York.

College Parlors, Nov. 17, '04.

Our monthly meeting held on the above

date proved to be our best meeting this year, both in attendance and in general discussion of essays. Fifty-two members responded to the roll-call and fifteen visitors were present.

Dr. Greenberg and Dr. Phillips were elected to membership.

Under report of cases, Dr. Boskowitz and Dr. Thompson gave histories of several interesting cases, which were followed by a general discussion.

Dr. G. W. Boskowitz, the essayist for the evening, read an essay entitled "Cancer; A Review of the Theory and Treatment of it During the Past Century."

The essay started a lively discussion as to the treatment of cancer, etc., Drs. Thompson, Krausi, Lloyd, Herzog and others taking part. Following the discussion the president announced the meeting of the State Society as being several months earlier this year than usual. He therefore called upon the members to pay their dues at this or the next meeting so that we might meet our per capita tax without difficulty. The Society then adjourned. W. L. Heeve, Sec'y.

Kings County Eclectic Medical Society.

The regular monthly meeting of the Kings County Eclectic Medical Society was held Monday evening, Nov. 21st, at the office of Dr. L. Adlerman, 400 Rock-away Avenue.

There was a fair attendance of members and friends. Dr. H. Stoesser occupied the chair, Dr. J. A. Nordbrock recording. The president reported a case of miscarriage which started a rather lively discussion.

Dr. A. Martin King was appointed essayist for the next meeting, and the Society accepted an invitation to hold its December meeting at Dr. King's office, 494 Willoughby Avenue.

J. A. Nordbrock, M. D.

Sec'y.

Selections

Every Physician Knows.

In the North American Practitioner, under the head of "Intestinal Antisepsis," reported by Dr. Pettingill, of New York City, we find some excellent experiences and from which the following is selected:

"Every physician knows full well the advantages to be derived from the use of antikamnia in very many diseases, but a number of them are still lacking a knowledge of the fact that antikamnia in combination with various remedies, has a peculiarly happy effect; particularly is this the case when combined with salol. Salol is a most valuable remedy in many affections; and its usefulness seems to be enhanced by combining it with antikamnia. The rheumatoid conditions so often seen in various manifestations are wonderfully relieved by the use of this combination. After fevers, inflammations, etc., there frequently remain various painful and annoying conditions which may continue, namely: the severe headaches which occur after meningitis, a 'stitch in the side' following pleurisy, the precordial pain of pericarditis and the painful stiffness of the joints which remain after a rheumatic attack—all these conditions are relieved by this combination called 'Antikamnia and Salol Tablets,' containing $2\frac{1}{2}$ grs., each of antikamnia and of salol and the dose of which is one or two every two or three hours. They are also recommended highly in the treatment of cases of both acute and chronic cystitis. The pain and burning is relieved to a marked degree. Salol makes the uric acid and clears it up. This remedy is a reliable one in the treatment of diarrhoea, entero colitis, dysentery, etc. In dysentery, where there are bloody, slimy discharges, with tormina and tenesmus, a good dose of sulphate of magnesia, followed by two antikamnia and salol tablets every three hours, will give results that are gratifying.

The Local Treatment of Erysipelas with Acetozone.

Dear Sir:—

I had an ugly case of facial erysipelas in a woman of about thirty-eight years. I used as a local application, to begin with, a saturated solution of boric acid, and depended largely upon tincture ferric chloride as an internal remedy. I got the attack under control and supposed I would have no further trouble, but all at once the disease began to spread over the scalp. The usual remedies did no good. I thought that if Acetozone was the germ destroyer it was represented to be, it should be of use to me. So I made a solution of fifteen grains to two pints of water and used it freely on the scalp. I obtained results at once, and in twenty-four hours the disease had abated.

J. Knowles, M. D.,

Logan, Iowa.

More Hygienic Measures for London.

According to the London "Daily Mail," barbers are the latest trades people to be threatened with "regulations" for the purpose of securing cleanliness in their craft. Certain forms of deadly bacilli are known to lurk in insanitary premises and among the implements of the careless hairdresser, and a campaign against these will probably begin before long in London.

An inquiry made by Doctor Coolingridge, medical officer of health of London, has shown that in very few foreign countries, and in no British colony, are there any sanitary regulations for controlling the business of hairdresser or barber in force; but it is extremely probable that sooner or later regulations of this nature will be universally applied.

The medical officer remarks that, "it being advisable that the city should lead rather than follow in questions of hygienic reform," the sanitary committee are considering a scheme, pending legislation on

the subject, which he believes will be satisfactory.

Doctor Coolingridge has met with some success in his crusade against the pigeons, which are such a familiar and popular sight in city streets. He admits that it has been found "impossible to take any active measures for abating the evil," as birds have no actual owners, but quietly adds that owing to the publication of this fact the numbers have been considerably reduced, "doubtless owing to housekeepers and others having captured them without fear of prosecution."

Shellfish were responsible for nine cases of enteric fever last year, and ice cream for only one. The making of ice cream is now regulated, and the good effects which have followed control are instanced as illustrations of what may be accomplished in this direction.

Dealing in detail with the scandal of the hospital blankets from South Africa, which were distributed over the country, Doctor Coolingridge remarks that owing to the publicity given to the affair "we shall probably never again experience a repetition of such a wholesale dissemination of filthy and, in some cases, infected articles."

RICHARD GUENTHER,
Consul-General.

Milking Cows by Electricity.

In the newly invented apparatus for milking cows by electricity rubber hoods are attached to the udder of the cow. These hoods are connected with a vessel for receiving the milk by means of a rubber tube, from which the air is exhausted by means of the electrical device. It is claimed that the suction, thus secured, resembles very closely the sucking of a calf, and that for this reason, the cow "lets down" her milk more freely than when milked by hand. It is also claimed that absolute cleanliness of the milk may

be secured when this method of milking is employed.

S. P. WARNER,
Consular Agent.

Comment on Antikamnia and Heroin

Under the head of "Therapeutics" the *Medical Examiner* contains the following by Walter M. Fleming, A. M., M. D.,* regarding this valuable combination:

"Its effect on the respiratory organs is not at all depressing, but primarily it is stimulating, which is promptly followed by a quietude which is invigorating and bracing, instead of depressing and followed by lassitude. It is not inclined to affect the bowels by producing constipation, which is one of the prominent effects of an opiate, and it is without the unpleasant sequels which characterize the use of morphine. It neither stupefies nor depresses the patient, but yields all the mild anodyne results without any of the toxic or objectionable phases.

"When there is a persistent cough, a constant 'hacking,' a 'tickling' or irritable membrane, accompanied with dyspnoea and a tenacious mucous, the treatment indicated has no superior. In my experience I found one 'antikamnia and heroin tablet' every two or three hours, for an adult, to be the most desirable average dose. For night-coughs, superficial or deep-seated, one tablet on retiring, if allowed to dissolve in the mouth will relieve promptly and insure a good night's rest. In short, it will be found futile to delve for a more prompt and efficient remedy than 'antikamnia and heroin tablets' in all bronchial complications with laryngeal irritation, dyspnoea, asthma, winter cough and general irritability of the thoracic viscera."

* Qualified examiner in nervous and mental diseases for Supreme Court, New York City.

Fyfe's Materia Medica.

In reviewing Fyfe's Modern Materia Medica the *Los Angeles Journal of Eclectic Medicine* says:

"This book is a wonder for the size of it, and it is difficult to give its good points in detail. The method adopted in describing each drug is as follows: Common Name, Natural Order, Part Used, Description, Dose, Usual Prescription, Indications. Consequently it may be seen that it is very valuable both to the medical student as well as the practitioner especially, as under the headings of usual prescription and indications the author gives the general use as well as the specific indications. In the Preface the author states that: "In preparing the following pages, the writer has dealt almost exclusively with essentials, and avoided occupying space with what might be regarded as theoretical, the object being to present a brief statement of the principles upon which modern therapeutics are based, and such of the important facts concerning the drugs named as will enable the student of medicine to rationally employ them in the treatment of diseased conditions." There are times when in a general way the suggestions offered by certain formulas prove very valuable, and with this idea in view this volume contains a "formulary" compiled by Prof. Boskowitz, dean of the New York Eclectic Medical College, which may be regarded as especially valuable to the Eclectic physicians, and we commend them."

For billiousness, Dr. Bartholow praises dilute nitromuriatic acid, 10 to 15 drops well diluted before meals.—*Summary.*

Gelsemium, in drop doses of the tincture, after each pain arrests false labor—*Summary.*

The Eclectic Review and the new Eclectic Medical Gleaner for 1905 for \$1.50.

Query Department

Conducted by

PITTS EDWIN HOWES, M. D.

Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

C. E. D.—Will you please give the readers of THE REVIEW your reasons for advocating "a tonic treatment" after all forms of prolonged disease? By so doing you will confer a favor upon a "Constant Reader."

All forms of disease represent a more or less departure from the normal standard which has been denominated "health." The greater the change, and the longer it is continued, the more serious the condition. Many patients react very slowly even after the more violent symptoms of derangement have passed away. Disease, generally speaking, causes a retrogression in the correct performance of the various systems of apparatus with which the human body is supplied; some times one of these is affected to a greater extent.

My idea of a tonic is one which aids "Dame Nature" in more rapidly returning to the normal condition, or health, when by means of some outraged natural law that equilibrium has been disarranged. Your specific medication is just as necessary in the adaptation of your tonic, or supporting, treatment as it is in any other part of your professional work.

The man that has one tonic for all conditions, irrespective of what has caused them, or what special part needs the help will make many lamentable failures. Your medication should be accurately adapted to the object you have in view, and a very

wide range of agents may be useful to meet varying conditions.

Again it will not do to persist in giving one formula for a too continued period. where this is necessary, a slight change in the tonic without materially altering its general character will prove very efficacious in procuring good results.

Whatever you may use in your tonic combinations you should be very careful that all agents act along the same general line. By so doing you aid the actions of all, whereas, if this rule is not followed you will lose to a greater or lesser extent the benefit which you have a right to expect. The physician who follows these suggestions and gives tonic treatment to all of his patients, who have experienced any illnesses which have been at all severe, will soon see a marked improvement in their general condition. Little things often make or unmake success. Tonic treatment is one of these *little things*.

F. L. P.—I see tinct. of lobelia seed mentioned frequently in Eclectic Medical Journals. Will you inform me how it may be told from the ordinary tinct. of lobelia?

A very easy, simple and reliable test is to allow a few drops to pass slowly into two or three drachms of water.

The tinct. of lobelia seed will cause a decided cloudiness of the fluid while the tinct. of lobelia leaves the water perfectly clear, although slightly colored.

Book Reviews

Scroggins, by John Uri Lloyd. Illustrations and Decorations by Reginald B. Birch. Dodd, Mead & Co., New York, MCMIV.

This new publication by Prof. Lloyd is just at hand and we consider it one of the best and most attractive of the Holiday books. It is a little story well

told, full of tender pathos and real human nature and contains much of lasting worth. It is a good illustration of the fact that that which we live we become. Scroggins is an old man who has spent the greater part of his life driving a stage coach in the West. Suddenly, through the workings of a mining venture, he becomes a rich man, so he gives up his stage and starts to travel. But he finds nothing interesting in his travels. He has not the previous knowledge without which places and things have no interest. As he expresses it, he has never been taught to think and he hasn't the power to enjoy his money. He becomes more and more sure that his only happiness lies back in the Gulch, his place the driver's seat of the stage coach and the reins in his hand. He leaves his money in the East to endow an institution of learning and back he goes to the only life he has learned to know.

"Scroggins" is artistically illustrated and decorated and deserves to be very popular.

G. T.

The Surgical Treatment of Bright's Disease. By George M. Edebohls, A.M., M.D., LL.D. Frank F. Lisiecki, publisher, 9 to 15 Murray Place, New York. 1903. 337 pages.

Dr. Edebohls' book on the surgical treatment of Bright's Disease will be read with great interest by the profession. The well-known limitations of the medical treatment in this disease and the apparent success of the surgical treatment, "the decapsulation of the kidney," is so clearly reported in the history of seventy-two patients operated upon by the author that you feel that help has come from an unexpected source. The theory is rational and the reports convincing. The author also clearly establishes his claim of priority and the treatment should bear his name.

The Physician's Pocket Account Book, by J. J. Taylor, M. D. Published by the Medical Council, 1405 Walnut St., Philadelphia.

This account book, which has been published many years, is a convenient size and very complete, just what is needed in every way to tell at a glance how every account stands.

Dr. Taylor has done a great service to the profession in presenting this book.

Items

Dr. Mariano Scimeca was married to Miss Leonilda Petrella on November 24.

Dr. William F. Wengenroth was married to Miss Frieda Clara Beyrich on Thursday, December 1.

We have had a very pleasant visit from Dr. Van Valkenburg, of Sharon, New York, who is one of the charter members of our State Society. We hope he can be induced to stay in New York until after the State meeting.

"Prince Billy" reports the prize bowling given under the auspices of the Ladies' Auxiliary of the Kings County Dispensary Society a great success, both socially and financially. Everybody had a good time and the Dispensary Society will get three hundred dollars or over as a result of the wide-awake hustling work of this Auxiliary. It is reported that "Prince Billy" walked home with a bottle of cognac under his arm, and Friend Stoesser with a kosher ham.

There is a fine description of the Georgia College of Eclectic Medicine and Surgery in the "Atlanta Constitution." The article was written by Smith Clay-

ton and shows that the Southern Electrics have a model institution.

Dr. Wm. J. Tripp died November 22nd. He was a prominent eclectic and will be missed by a host of friends and patrons.

While Dr. Robert Abbe was performing an operation in St. Luke's Hospital on October 22nd, a watch, valued at \$500, and \$150 in cash were taken from his waistcoat, which he had hung in an adjoining room.

Read the advertisements. Watch for the new ones in the January issue.

The Beachonians had a very pleasant reception and dance at Teutonia Assembly Rooms on Dec. 2nd.

Fyfe's Materia Medica and Wilder's History of Medicine, \$3.00.

Cominencing with the January issue the "Query Department" will be omitted and its conductor will write one or more editorials for each number. They will be upon subjects of interest to progressive physicians. Should our readers desire to ask any questions of Dr. Howes, they are at liberty to do so, and he will make them the subject of an editorial in an early issue.

For your convenience we include subscription list in our advertising pages. The new "Gleaner" and the "Review" for 1905 for \$1.50.

Don't fail to attend the State Society. Jan. 11th and 12th at the college building.

Merry Christmas and a Happy New Year to all.



